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Nutrilac is Borden's brand of partly skimmed, evaporated milk. It is a new Borden product—fresh cow's milk from which part of the fat has been removed. Evaporated to double concentration, Nutrilac is homogenized for easier digestion, Vitamin D increased, and sterilized in sealed containers.

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Nutrilac is available in sterile, sealed tins at food and drug stores everywhere.

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Between Ourselves

All of the intense activity and concentration in preparation for the ***1954 Biennial Convention*** paid off with rich dividends for the hundreds of nurses who thronged the Banff Springs Hotel during the first week in June. That it was a good convention, all were agreed. New patterns of organization were approved that should and will have far-reaching results in the years to come.

Perhaps the most significant change was the plan to absorb the special interest committees as such within the broad coverage of nursing services and nursing education. It will take a little time to get used to this pattern. The important thing for every nurse to concentrate on in her thinking is that the new committee alignment will include every branch and section of nursing.

An operating room nurse may say in effect: "I want to concentrate on things that will improve my skills in the operating theatre. I guess we will have to organize a separate group to help us with our specific problems." Wait a minute! "Improving skills" — doesn't that combine nursing education and nursing service? "Specific problems" — don't they belong under the broad coverage of those two main committees as now constituted?

The very same line of reasoning is applicable to every branch of nursing — public health, private duty, the instructors, the industrial nurses, etc. Each group is concerned with activities that relate specifically to both nursing service and nursing education — not just to their individual specialty. Time is essential for this readjustment — time and thought and open minds. Let us cooperate.

* * *

When the Executive Committee of the C.N.A. voted last February to publish the ***Convention Reports*** as a separate volume instead of as a part of the May issue of the *Journal*, the expectation was that these reports would appear in the September number. However, because a large supply of the report booklets, as used by all of the delegates at Banff, is still available, the post-convention meeting of the Executive decided ***not*** to incur the added expense of reproducing these reports in *The Canadian Nurse*. The few supplementary reports that are not included in the booklet (a misnomer! It ran to 104 pages!) will appear this fall. But *none of the other reports will be reprinted.*

Nurses wishing to procure copies of the booklet are requested to write to: **The Canadian Nurses' Association, 1411 Crescent Street, Montreal 25, Que.** Copies will be mailed immediately the requests are received.

* * *

We are indebted to the **Canadian Pacific Railway Publicity Department** for many of the ***photographs*** used to illustrate our story of the convention. The remainder of the pictures were taken by **Elizabeth Layton** of Ganges, B.C., an enthusiastic amateur. Hundreds, perhaps thousands, of pictures were taken during that week. Most of the photographers used color films. Possibly your own delegates will have some good transparencies to show you when they give their reports.

* * *

There will be genuine rejoicing among the graduates of the McGill School for Graduate Nurses, as among the many others who know her by reputation rather than personally, that our beloved **Marion Lindeburgh** has consented to draw upon her vast fund of knowledge of nursing in a continuing series of articles. The first one appears in this issue under the caption, "Marion Lindeburgh's Corner." We have no knowledge, at the moment, of how frequently these philosophical journeyings into the realm of nursing will be available. We do commend them to you every time they appear.

The day will dawn, I promise, if only you can be patient, when an unkempt boy of eleven, trouser legs one up and one mostly down, hair in his eyes, and slightly odoriferous after playing outdoors, will grow into a straight, nice-looking, and well-put-together young man. He will then be likely to spend hours in front of the bathroom mirror slicking his hair, perfecting the part, and adjusting his carefully selected tie — or rather the one of his father's which he will have appropriated.

— JEAN S. GROSSMAN

Miller & Avery's GYNECOLOGIC NURSING

New (3rd) Edition—The diseases of women are described here in such a way that the student can understand what causes them and how they must be managed. Fully up-to-date, this book covers all recent advances—with particular emphasis on nursing care.

By Norman F. Miller, M.D., Professor of Obstetrics and Gynecology, University of Michigan Medical School; and Hazel Avery, A.B., R.N., Assistant Professor of Nursing and Supervisor, Woman's Hospital, University of Michigan. About 527 pages, with 262 illustrations. *New (3rd) Edition—Just Ready!*

Stafford & Diller's SURGERY FOR NURSES

New (2nd) Edition—This text reflects the latest approach to surgical nursing and stresses the actual nursing care of surgical patients. Two new chapters are included — on Postoperative Nursing Care and on Convalescent Nursing Care and Rehabilitation.

By Edward S. Stafford, M.D., F.A.C.S., Associate Professor of Surgery, Johns Hopkins University; and Doris Diller, B.A., R.N., Associate Professor of Nursing, Director of the Cancer Control Project, Skidmore College Department of Nursing, New York City. 651 pages, with 168 illustrations. $4.25. *New (2nd) Edition!*

Mitchell's PEDIATRICS— by Lyon & Wallinger

New (4th) Edition—Here, in one book, is an up-to-date description of _the growth and development of the normal child_, a textbook of _pediatric diseases_, and a manual of _nursing technics_. There is new information on cardiology, endocrinology, cardiac disorders, etc.

By Robert A. Lyon, M.D., Associate Professor of Pediatrics, University of Cincinnati; and Elgie M. Wallinger, R.N., Director of Nursing, Columbus Children's Hospital, Columbus, Ohio. 547 pages, illustrated. $4.50. *New (4th) Edition!*

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New Products

Edited by DEAN F. N. HUGHES

PUBLISHED THROUGH COURTESY OF *Canadian Pharmaceutical Journal*

ARTHREX

Manufacturer—Dymond Drugs Limited, Brantford, Ont.

Description—Each tablet contains: Salicylamide 4 grains; calcium succinate 2.5 grains; sodium paraaminobenzoate 0.25 grains.

Indications—For the control of pain in arthritis or in any case where salicylates are indicated.

Administration—Two to three tablets before meals and at bedtime until acute symptoms are relieved, then reduce the dosage.

DIAMOX Tablets

Manufacturer—Lederle Laboratories Division, North American Cyanamid Ltd., Montreal.

Description—Brand of acetazoleamide (2-acetylamino-1, 3, 4-thiadiazole-5-sulfonamide). An oral diuretic and acid-base regulator of low toxicity. It is an enzyme inhibitor and acts specifically on carbonic anhydrase. It is not a mercurial. Its diuretic effect is due to the slowing down of the reversible hydration of carbon dioxide and dehydration of carbonic acid reaction in the kidney. The result is renal loss of HCO_3 ion, which carries out sodium, water, and potassium. Diuresis and alkalinization of the urine thus occur. A hundredfold increment in dose in dogs appears only to double the potassium output. Potassium depletion has not been observed in man following six months' therapy.

Indications—For treatment of edema due to congestive heart failure. Refractory cases have required mercurials also to initiate diuresis. Diamox potentiates diuretic action of mercurials. Has been administered to cardiac patients with renal disease, and to hospitalized and ambulatory patients with cardiac decompensation of varying degrees. Patients with marked renal failure have not responded favorably to its administration.

Administration—Dosage: For diuresis, 1 to 1½ tablets (250 to 375 mg.), depending on weight, once a day in the morning (5 mg. per kg.) appears to be optimal dosage.

Use of Diamox does not eliminate the need for other therapy, such as digitalis, bed rest, fluid restriction, and sodium-free diet.

Precaution: Increasing the dose does not increase the diuresis and may produce drowsiness and/or paresthesia.

Disorientation has been observed in a few patients with edema due to hepatic cirrhosis. Such cases should be under close supervision if Diamox therapy is to be instituted.

Since Diamox may induce a mild acidosis, its use is probably contraindicated in idiopathic renal hyperchloremic acidosis. Because of the nature of its action, may be contraindicated in conditions in which there is a known depletion of sodium and potassium. Also contraindicated in Addison's disease or all types of suprenal gland failure.

Drug sensitivity reactions are expected rarely and the drug should be discontinued if such reactions occur.

ETHNINE

Manufacturer—Allen & Hanburys Company Limited, Toronto.

Description—A palatable and effective cough sedative containing 4 mg. pholcodine (morpholinylethylmorphine) in each 4 ml. (1 teaspoonful).

Indications—Treatment of the unproductive cough.

Administration—*Children:* Up to one teaspoonful, according to age. *Adults:* Two teaspoonfuls.

To be taken when the cough is troublesome. A dose should be taken immediately before retiring at night.

HYPOTRATE

Manufacturer—Mowatt & Moore Limited, Montreal.

Description—Each tablet contains: Inositol hexanitrate 15 mg.; quercetin 10 mg.; vitamin C 30 mg.; interbarb (butabarbituric acid) ⅓ gr.

Indications—As an adjunct in the control of hypertension.

Administration—One tablet 3 times daily or as directed. Use for 5 weeks and interrupt for one week to eliminate tolerance.

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For further information write to:

Miss H. M. Lamont, Director of Nursing, Royal Victoria Hospital, Montreal 2, Que. or Miss Kathleen Marshall, Supervisor of Nurses, Allan Memorial Institute of Psychiatry, Royal Victoria Hospital, Montreal 2, Que.

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Description—Soothing body rub for hospital use. Contains: Lanolin, olive oil, glycerin, menthol, borax, and methylparaben in a delicately perfumed emulsion.

Indications—As a rub to prevent bed sores; for use before heat treatment and electrotherapy.

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Manufacturer—Gilbert Surgical Supply Co. Ltd., Toronto.

Description—Timed disintegration capsules.

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Octets Dorley: contains 1 gr. pentobarbital which dissolves immediately for early sedation, ½ gr. phenobarbital which dissolves after 3 hours to continue sedation, 5 mg. d-amphetamine which dissolves in 8 hours to provide awakening effect and to offset barbiturate side effects.

Octets Phenobarbital: equivalent in action and dosage to ½ gr. tablets taken 3 times daily.

Octets Pyrilamine: equivalent in action and dosage to 25 mg. tablets taken 3 times daily.

Octets Stilbestrol: equivalent in action and dosage to 5 mg. tablets taken 3 times daily.

PARENOGEN (Fibrinogen Fraction)

Manufacturer—Cutter Laboratories; *Can. Dist.:* Earl H. Maynard, Weston, Ont.

Description—Each package contains 1 gm. dried fibrinogen (human) substance in a 100-cc. vial with cloth sling; 1-50-cc. vial of sterile distilled water as diluent; 1-16 gauge, double-ended needle for reconstitution of the dried Parenogen; 1 airway needle for use in administration; 1 special set for administration.

Indications—Premature separation of the placenta with afibrinogenemia.

Administration—Product is given intravenously after being reconstituted with 50 cc. of the distilled water. Contents of the vial are to be shaken vigorously for two full minutes, after which the vacuum is broken by reintroducing the needle. This will promptly settle the foam. Parenogen solution may be introduced directly into the patient's vein, or into the tubing of an already flowing intravenous solution of saline, dextrose, blood or invert sugar.

QUELICIN CHLORIDE Solution

Manufacturer—Abbott Laboratories Limited, Montreal.

Description—Each cc. contains: Quelicin (succinylcholine) chloride 20 mg. with methylparaben 0.18% and propylparaben 0.02% as preservatives in isotonic solution.

Indications—For production of muscular relaxation to facilitate endotracheal intubation, endoscopic examination, and orthopedic manipulation and to promote relaxation for general surgical procedures.

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Large doses may cause respiratory depression. Facilities must be available for artificial respiration.

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Manufacturer—Dymond Drugs Limited, Brantford, Ont.

Description—Each tablet contains: Rauwolfia Extract 25 mg.

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— Morgan Martin, M.D.

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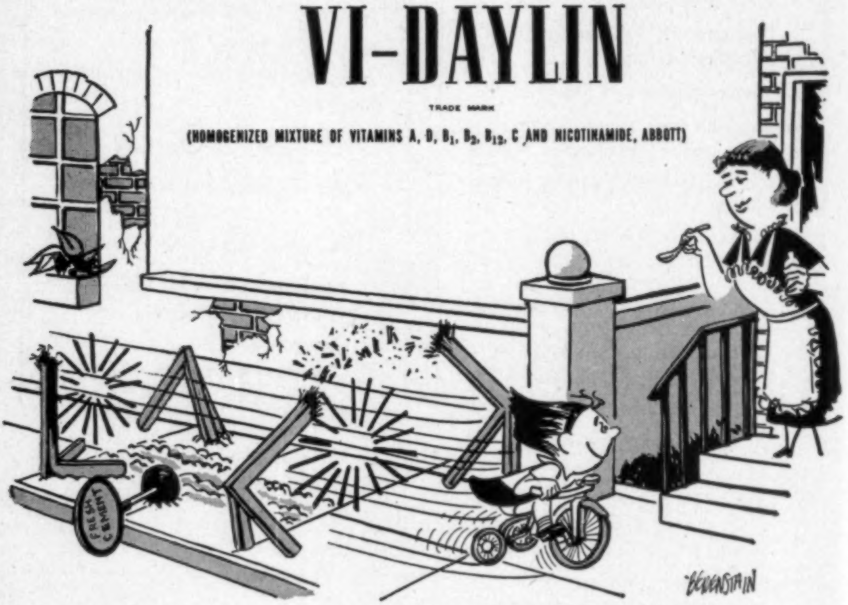

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THE CANADIAN NURSE

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A MONTHLY JOURNAL FOR THE NURSES OF CANADA
PUBLISHED BY THE CANADIAN NURSES' ASSOCIATION

VOLUME 50 NUMBER 8

MONTREAL, AUGUST, 1954

Rocky Mountain Rendezvous

From Newfoundland to Vancouver Island, from large cities and from tiny villages, from hospitals, public health services and industry, over 1,200 nurses converged on Banff, Alberta, during the week of June 6-12 for the Biennial Convention of the Canadian Nurses' Association. Meeting every train were gaily clad "nurses-turned-cowgirls," eye-catching in their fringed, scarlet skirts and jackets and jauntily worn sombreros. Never was a warmer welcome extended to weary travellers who soon were made to feel so much at home in the Rocky Mountains amid the luxurious appointments of Banff Springs Hotel. This was a convention that will go down in the annals of Canadian nursing, one that will not soon be forgotten by those lucky enough to have worn the "saddle" identification emblems.

Special Trains

Several hundred nurses availed themselves of the special trains that started from Vancouver, Toronto, and Montreal. One of the travellers from the latter city gave the following account of their long journey:

What fun and excitement there was! On our train there were 144 of us — graduates, members of the nursing sisterhoods, and students. We were "organized" from the minute the train pulled out. A captain was selected from each coach. She was given a list of all

Making friends with "Alfred"

those riding in her car — where they had come from and what branch of nursing they engaged in. Thus everyone became well acquainted very quickly.

Song sheets were provided but everyone retired early the first night out so we had no singing. From then on we took turns going through the whole train in groups, singing as we went. Games and contests of various kinds were lined up for our enjoyment with prizes for the lucky ones. Several firms had contributed souvenir gifts — samples of hand cream, shoe polish, sewing kits, etc. One never knew what surprise was in store.

The hat-making contest was very entertaining. We had to use materials we had with us or could scrounge from others. When we wore them to dinner that night prizes were awarded for the most artistic, the most glamorous, and the most original hats.

Many nurses from Fort William and the surrounding area gave us a thrill by greeting us on the station platform at 11:30 p.m. Their surprise welcome was enhanced, for those of us who hurriedly dressed and dashed out, by the gay strains from two kilted pipers who marched up and down the platform.

Time passed all too quickly. We were on the train for over 60 hours but we were agreed it was quite the shortest such journey we had ever taken. We commend this form of travel to all future convention-goers.

SUNDAY

Sunny Alberta shared the persistent rains that have made seeding so late all across the country. Despite the downpour, the nurses flocked to the special church services, jamming the seats completely and overflowing into the choir stalls.

MONDAY

President Helen McArthur called the opening session to order on the stroke of 9:00 a.m. This same punctuality was characteristic of all the sessions that followed. The customary greetings were supplemented by two interesting features — a letter of appreciation from the German nurses working in Alberta who had found the Alberta association and, in particular, its executive secretary, Mrs. Van Dusen, exceedingly helpful and cordial. Another expression of gratitude came from the graduate nurses of Bermuda, the great majority of whom are members of the C.N.A. because they write their registration examinations through an arrangement with the Association of Nurses of the Province of Quebec. On their behalf, Bernice Underhill, director of nurses at King Edward VII Memorial Hospital, presented the Canadian Nurses' Association with a beautiful gavel and striking block made from Bermuda cedar.

There was drama galore in the simple, moving ceremony that attended the welcome to the nurses of Newfoundland as they made their official entry into membership in the C.N.A. After the president, Elizabeth Summers, received the presentation gavel from Miss McArthur, the C.N.A. general secretary read the following message from an illuminated scroll:

> The Association of Registered Nurses of Newfoundland — being accepted into membership in the Canadian Nurses' Association, a welcome is extended to every member.
>
> The bonds of cooperation that stretch from the Atlantic to the Pacific are forged by faith, understanding, and an appreciation of the responsible role the nurses of Canada play in meeting the health needs of our people. Today, our national association gains strength

Miss Stiver reads the message of welcome. Miss Summers holds the "gavel of responsibility" presented by Miss McArthur.

Some of the Newfoundlanders at Banff.

and stature as the final links are joined.

Nurses of Newfoundland! As you take your places for the first time in the Canadian Nurses' Association we share with you the Watchword of the International Council of Nurses: "Responsibility."

KEYNOTE ADDRESS

The Hon. Paul Martin, Minister of National Health and Welfare, accepted with enthusiasm the invitation to deliver the opening address of our convention. Regrettably, urgent official business necessitated his return to Ottawa after he had started for Banff. His address was ably read by Dorothy Percy, R.R.C., chief nurse consultant in Mr. Martin's department. Since Mr. Martin's address will be published *in our October issue,* only a few excerpts will be included here to illustrate the trend of thinking.

Referring to the efforts to lessen the ravages of poliomyelitis by an intensive vaccination of Canadian children, Mr. Martin said:

> The Federal Government, in cooperation with the provinces, is now giving the most active consideration to ways and means of ensuring that substantial quantities of the vaccine will be immediately available for use in this country just as soon as its effectiveness has been confirmed . . . [Limited supplies of the] vaccine may be used experimentally in certain areas of Canada this summer . . . In the meantime . . . the Federal Government is this year supporting a greatly expanded program of gamma globulin inoculations.

Confirming the fact that the availability of trained nurses is basic to the success of any worthwhile health plan, Mr. Martin announced a change in the terms of the Hospital Construction Grants which will provide for substantial federal assistance towards training facilities in hospitals:

> In future, matching grants will be available on the basis of $1,000 for every 300 square feet of approved floor area towards the construction of necessary additional training facilities contained

in or connected with a hospital, such as classrooms, auditoria, demonstration rooms and so on.

Regarding Civil Defence preparedness, Mr. Martin noted that 28,000 individual nurses have received special instruction.

Six provinces have incorporated Civil Defence instruction in their basic teaching for student nurses.

THE STRUCTURE STUDY

The afternoon session was devoted to the reading of the proposed amendments to the By-Laws of the C.N.A. Provision was made for additional discussion periods on succeeding days. The actual vote on the amendments was not taken until Friday afternoon. So clearly had the Committee on Constitution and By-Laws, convened by Rae Chittick, portrayed the essential parts that were being changed that the By-Laws were adopted on Friday with only one alteration — provision for both an English and a French member from the Association of Nurses of the Province of Quebec on the C.N.A. Executive. They will have only one vote between them.

WESTERN DINNER

Fourteen hundred people sat down to a sumptuous dinner, complete with typically western centre pieces on the tables and generous favors. Dozens of gleaming new white Stetsons, gaily colored shirts and jackets and, for each guest, a bright red, blue or green kerchief added a highly festive note to the excitement. The members of the nursing sisterhoods joined in the fun by adding these brilliant touches of color to their usual sombre habits.

"Viola" welcomes the visitors.

In the ballroom after dinner

None of us was able to identify all of the intriguing items included in the following menu:

Indian Reserve Wild Roots and
Gooseberries
Passion Fruit of the West
Red Feather Sauce
Indian Herb Essence
Wild West on the Hoof
Grease Creek Gravel
Southern Alberta Green Pearls
Sarcee Blackfoot
Great Rockies
Wild Cat Derrick
Propane

We enjoyed every course, nonetheless.

The dinner concluded, everyone converged on the ballroom. En route, each was presented with a souvenir plate, the design for which had been sketched by a nurse from Medicine Hat where the dishes were made. Wild revelry, skits, square dancing kept the capacity crowd entertained for hours. One of the highlights was provided by "Stinson and Her Stetsonettes" when they sang, to the tune of "She'll be coming 'round the mountain," choice doggerel entitled "C.N.A. Caper" or "Corny, Naughty and Awful." Copies may be secured on request.

TUESDAY

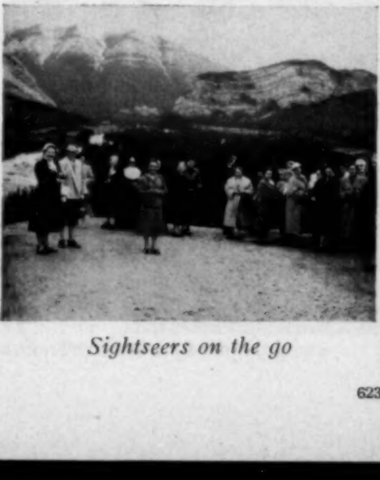
Reports may be dull and boring, especially when they are presenting

"Stinson and her Stetsonettes"

figures. Not so the picture of growth and expansion sketched by Finance Committee chairman, Gladys Sharpe. Large charts were used to illustrate the growth of our association which, it was estimated, would have a membership of 38,000 by 1956.

One result of the expanding activities of the C.N.A. is that our National Office accommodation has become too cramped and crowded. With provision in the budget for new quarters, the voting delegates were called upon to consider a proposal made by a group of nurse leaders in our national capital that our association should transfer its headquarters from Montreal to Ottawa. In a surprisingly short time, a unanimous vote was recorded to move both our National Office and the headquarters of *The Canadian Nurse* to Ottawa. The moves will be made when the current leases on the office space occupied by each expire. Watch closely for the new addresses that will be appearing later. Where will you look? In your *Journal,* of course.

Tuesday and Thursday afternoons were listed on the program as "The Wide Open Spaces." It was a curious misnomer for the sight-seeing nurses who were surrounded by nine and ten thousand foot peaks. However, a variety of tours, graded to suit every purse, attracted the visitors. Imagine selling $4,000 worth of tickets for one afternoon's outings! The Alberta nurses did a magnificent job of arrang-



Sightseers on the go

ing transportation to every spot within reasonably easy reach. We did not hear of any nurses, however, who attempted any of the mountain climbs! Many enjoyed a swim in the Hot Springs that are a feature of Banff. And almost everyone seems to have taken the thrilling ride up the chair-lift on Mount Norquay.

The Executive Committee and some invited guests were given a special treat. The Alberta nurses were our hostesses at the ranch home of Mr. and Mrs. Lars Willemson at Okotoks. Sadly, the weatherman failed to cooperate and it was impossible to have the outdoor barbecue dinner that had been planned. Everyone had a happy time, nevertheless. Calgary doctors gladly gave their time to provide transportation for the 120-mile drive to reach the ranch. One doctor thoughtfully provided "corsages" for his passengers — a head of broccoli for one, onions for another, a bunch of asparagus for a third. Gertrude Hall, director of nursing at Calgary General Hospital, graciously provided coffee in the nurses' residence before late busses bore the visitors back to Banff. There were some tired vocal cords the next morning among the travellers who had sung lustily during the return drive!

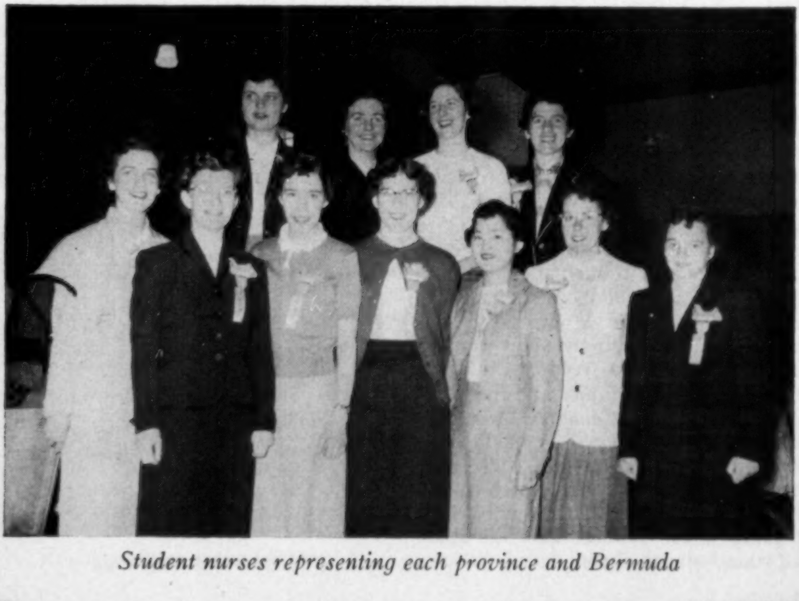
WEDNESDAY

The Student Nurses

The special interest committees provided the centre of interest for the morning's program.

For the first time the student nurses, who had been interested and attentive listeners at all previous sessions, deserted the rest of us. Under the able guidance of Elizabeth Farquharson, the 163 students from all over Canada gathered in the Banff Auditorium to listen to an interesting panel discussion, led by Gertrude Hall, on "Changing Patterns in Nursing Education." Later they adjourned to their "Buzz Groups" where they discussed, most animatedly, problems of special concern to them as students. One of the most interesting recommendations that came from their chatter was that at future conventions more opportunities be provided for the students to think and talk together.

It was a source of genuine pride to many of the graduate group to question the students from various schools regarding the efforts their fellow students had made to provide the neces-



Student nurses representing each province and Bermuda sary funds to send their representatives to Banff. These money-raising projects were many and varied. Teas, dances, bridge parties, hot dog sales were commonplace. At one school, the students earned considerable sums by washing the doctors' cars and anyone else's they could interest. Elsewhere, an enterprising group opened a "beauty parlor" and, according to reports, gave very creditable shampoos and finger waves to graduates and students alike. This sharing of financial responsibility is a very practical way of awakening an interest in the whole school in what the C.N.A. really means to nurses. Those who worked so hard to send their fellows as delegates will await the reports that will be made with far greater enthusiasm than will the students who contributed nothing in effort because "our hospital board paid for our students." More power to you, student nurses of Canada!

LET'S ALL WORK TOGETHER

Taking the above title as their theme, an interesting script, that had been written by Mrs. Helen Tucker, special lecturer in oral expression at the University of Toronto, was presented by the Institutional, Public Health, and Private Nursing committees. It portrayed the way in which the teamwork principle can be used effectively to draw all three groups into the provision of adequate nursing care for a family.

This medium of explanation would lend itself admirably to a district or large chapter meeting. It is to be hoped that many such groups will either develop their own script or else inquire from National Office for the one presented in Banff.

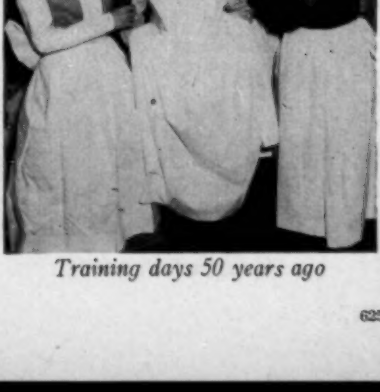
EMPLOYMENT RELATIONS

Victorian Order Nurses get together

Chaired by Geneva Purcell, a discussion-provoking symposium entitled "The Nurse and Social Security" was presented in the afternoon by a panel of speakers with widely varying interests. It is planned that all of their papers will be published *in our December issue* so no summary of them will be made here. However, the gripping interest that held the large audience into an overtime session bespoke the intelligent concern that every nurse feels for her personal future. A great deal of the present-day restlessness among nurses was attributed to their search for security. Good employment policies should not be left to chance. If responsibility for satisfactory planning for the security of nurses is not assumed by their association, there is always the possibility of organized labor stepping into the picture. Growing out of the discussion, a resolution was approved to have the C.N.A. once again study the possibility of sponsoring pension plans for its members.

EVENING ENTERTAINMENT

Sponsored by the Westlock Chapter, A.A.R.N., a highly amusing skit was



Training days 50 years ago

Nurses from Winnipeg

Graduates of the Ottawa Civic and Miss Edith Young

presented, depicting the misadventures of a quartet of students being "trained" 50 years ago. The highlight of the evening was a parade of ancient floor-length uniforms that had been worn in some of our most noted schools of nursing in years gone by. Contrasting with these, streams of student nurses demonstrated their present-day professional attire. A large number of lucky door-prize winners went home from Banff the richer for a pair of nylons or some cosmetics or, best of all, the elated holders of an order for a personnally fitted uniform.

THURSDAY

The special problems and opportunities in psychiatric nursing were considered by a panel of experts in a symposium chaired by Evelyn Mallory. These papers are to be made available to our readers *in the November issue of The Canadian Nurse* so, again, they will not be dealt with here. Watch particularly for the contribution by Dr. C. A. Roberts, director of the division of Mental Health in the Department of National Health and Welfare. He pointed out the enormous discrepancy between the number of graduate nurses needed for service in our psychiatric hospitals and the number actually engaged in work there. To completely staff our existing psychiatric hospitals some 9,600 registered nurses and 14,000 aides and attendants are needed. In all of Canada, according to available statistics, there were 1,007 graduates and some 8,900 other staff engaged in this essential service. Only 2.3 per cent of the available registered nurses! Truly this is an enormous challenge to the nurses of Canada.

Industrial Nurses

SPECIAL EVENTS

All through the week, alumnae members of various schools of nursing and universities foregathered for breakfast or luncheon. One group that merits special mention, because of the influence they may have on some of the future activities in nursing, was the luncheon for the industrial nurses. Gradually, in the past few years, many local and provincial groups have been formed. The luncheon marked the organization of a national committee. Their activities will be watched with interest in the years to come.

Regina Nurses were well represented

The biennial gathering of the Nursing Sisters' Association was very well attended. Their reception and banquet were held at Mount Norquay Lodge.

FRIDAY

Time that had seemed to stretch so far ahead a few days before was rapidly running out. Some five dozen nurses who planned to venture far afield on the Alaska cruise had to leave by the noon train but most of them lingered as long as they dared to listen to the panel discussion "Why Communications?" chaired by Mildred Walker. We learned anew how poorly nurses interpret themselves, their professional activities, and their aspirations for nursing in Canada. It was the consensus that good public relations is the responsibility of every nurse from the youngest student to the oldest graduate. Unhappily, too many nurses are inclined to shrug off their responsibility or are too poorly informed regarding association activities to do an efficient job of interesting John Q. Public in helping us solve our problems. It was very apparent that greater efforts should be made to make every nurse "nursing conscious."

The student nurses from their buzz session recommended that the place in the curriculum of the course in "Professional Adjustments," or whatever it may be termed, be advanced from the final six months of training to early in the intermediate year so that every nurse will know, long before she graduates, what professional responsibilities she will be expected to assume — what being a top-notch graduate nurse really means. It is something for us to ponder on.

Election Results

The scrutineers reported the following slate of elected officers and members:

President — Gladys J. Sharpe, Ontario.

First Vice-President — Trenna G. Hunter, British Columbia.

Second Vice-President — Alice Girard, Quebec.

In this group of Toronto Western Nurses, Miss B. Ellis is standing second from the left with our new president, Gladys J. Sharpe, behind her.

Third Vice-President — Muriel Hunter, New Brunswick.

Members of the Nursing Sisterhoods: Sister Helen Marie, Maritimes Region; Sister Denise Lefebvre, Quebec; Sister M. de Sales, Ontario; Sister M. Lucita, Western Region.

Nominating Committee: Sister Columkille, Eileen Flanagan, Dorothy Gill (chairman).

Helen McArthur performed her last official act as president of the C.N.A. when she installed the new officers in a simple, moving ceremony at the close of the evening.

CLOSING WORDS

It is hoped that the address of Dr. Malcolm G. Taylor — "Pathways to the Future: Some Thoughts on the Conference Theme" — can be made available to our readers *in the October issue.*

* * *

A very special feature of the Mary Agnes Snively Oration was the presence on the platform of Miss Beatrice Ellis who graduated from the Toronto General Hospital when Miss Snively was director of nursing and who was, for a time, Miss Snively's assistant. Her eloquent, though brief, tribute to the founder of our national association was very moving. Professor F. N. Salter delivered the Oration with such a combination of wit and wisdom that he held his audience entranced. Watch for his address, in both English and French, next month.

* * *

There is no more fitting fashion in which to conclude this lengthy report than to set down as a permanent record the very fine tribute paid, on behalf of the whole assembly, by Dorothy Percy. Here it is:

> I feel certain I voice the feeling of all present when I say that we would be reluctant to entertain a motion of adjournment without some attempt from the floor to express the thanks and ap-

preciation of the membership to the retiring Executive.

Inevitably at this point in each biennial meeting one experiences a fleeting moment of sadness. During the week the distinctive character of the biennial gradually emerges. Those of us who are old-timers at biennial conventions need only to close our eyes to recapture the special flavor of each one — Quebec, Vancouver, Sackville, Toronto, and so on. That flavor is individual and distinctive and cannot be duplicated at succeeding meetings. At the same time the theme of this convention — "Pathways to the Future" — warns us against a sentimental indulgence in the backward glance. Rather must we concentrate on the fact that each biennial convention is a milestone on the road to full professional maturity.

One of the things that has struck me very forcibly this time — as I am sure it has everyone else — is that all at once we seem to have become a very large and potentially powerful organization. It is a little akin to the shock which comes some morning when you look at a gangling adolescent and realize with dramatic suddenness that the creature, one minute all arms and legs and blundering awkwardness, has become a responsible adult.

The corollary of this thought must be the realization that membership on the C.N.A. Executive represents an ever-growing demand on time and energy. The volume of work to be done in any biennium by members scattered across this vast country is enormous and is growing bigger all the time. When we remember that, apart from National Office staff, this very considerable burden is borne by women who, in addition, occupy heavy full-time jobs our admiration and appreciation are deepened.

In moving a resolution of appreciation to the retiring Executive, I'm sure you would feel it entirely in order for me to pay, on your behalf, special tribute to our retiring president. For four long years Helen McArthur has carried a heavy load and has, in addition, given us, consistently, a full measure of inspired and enlightened leadership. The importance of good public relations has been stressed. It is my opinion that over and above everything else our retiring president has done on our behalf, it is in this special area that Helen McArthur has made her finest contribution. She has made many friends for the C.N.A. Miss McArthur might, with some justification, look forward to easing the pack off her shoulders and stretching a bit but, as things sometimes work out in life, the conscientious fulfillment of one difficult job only leads to a more difficult one.

Here at Banff it seems appropriate to employ the analogy to mountain peaks. You arrive at the summit of one but others beyond beckon and challenge. The membership of the C.N.A. will be proud and happy to learn that Miss McArthur is proceeding to Korea, at the personal request of Syngman Rhee and under the auspices of the League of Red Cross Societies, to assist the Korean Red Cross to get on its feet and as well to coordinate the welfare work of the various national Red Cross Societies presently operating in that unhappy land.

On Monday morning when I read to you Mr. Martin's telegram of regret at his inability to be with us, I knew Miss McArthur had received a personal wire from the Minister. I quote a part that, understandably, was omitted at that time:

"May I extend to you personally my best wishes for the success of your important mission to Korea Stop Your selection for this difficult and challenging task is a tribute to your special personal gifts and to the association you have served with such distinction as president."

That I think says all that we, from our hearts, can say to our retiring president. On your behalf, and coupled with our resolution of thanks to the retiring Executive, we would add:

"Congratulations! Helen McArthur. We are terribly proud of you. God bless you and keep you and bring you back safely to us when your next difficult mission is accomplished."

Modern Concepts of Health

Alastair W. MacLeod, M.D.

The community psychiatrist is often asked what must be done to achieve mental health. On the face of things it seems a simple enough question. Surely we all know what is meant by "mental health" and surely by now we have some ideas about how we achieve it. The truth of the matter is, however, that the question is not nearly as simple as it appears. No one, as yet, has been successful in giving a clear-cut picture of the mentally healthy person. To make matters more complicated it often happens that the decision as to whether a man is healthy or ill depends to a great extent on the popular values of the society in which he is living. There are many people who still believe that mental health extends to the gate of the mental hospital, whereas others consider all their acquaintances at least neurotic if not frankly psychotic.

Therefore, to answer such a question, we must search for some form of reference against which we can trace the development of the various trends of thought that have given rise to the modern concepts of mental health. As soon as we do this it becomes apparent that modern medicine is cautiously moving towards a new perspective or, if you prefer, swinging back to an earlier one. At the end of each great sweep of the pendulum, medical thought finds itself confronted with two of the most fundamental problems of philosophy — the relation between mind and body and the relation between the individual and society. For centuries strenuous efforts have been made to resolve these two basic ideas. All efforts have been unsuccessful; no offered solution has won universal assent.

Until recently, the atomistic notion, bequeathed by Cartesian psychologists, held sway. But the belief that the human being could be divided into a separate mind and body has yielded in popularity to the view that physical and mental are two indivisible aspects of one and the same individual. The term *personality* came into use to cover them both and the term *communality* manifests the belief that the single individual is never more than a fragment of society.

This tendency to think of contrasting parts and wholes led to attempts to introduce into medicine concepts which would acknowledge the sacred uniqueness of the human being, and at the same time consider his relation to the society of which he is a part. The realization that no individual could be regarded as existing in total isolation highlighted the fact that the human being is constantly required to adjust to an ever-changing physical, psychological, and social environment. Mental upsets and diseases are not so much separate clinical entities, disorders of this set of organs or that, as they are changes in the personality as a whole. Even beyond this, the community is now regarded as the clinical unit. It is the community that is the diseased organism; the sick individuals are but the weakest links in the chain.

With these changes in outlook came dissatisfaction with the prevailing concept of health. The teaching at the end of the 19th century held that each disease syndrome could be traced back to a single cause — a belief much strengthened by discoveries in the fields of pathology and bacteriology. Mental illness, it is true, still kept its secret. The problem of dealing with the mentally sick patient remained the problem of protecting the safety of the public and providing safe custody. It was never doubted that, in the long run, some organic damage to the nervous system would be found to account for the symptoms. The ideas of health that developed on this frame of reference were extremely narrow and static. Health was nothing more than a state

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of being — a freedom from physical disease or pain.

As time passed, however, it became apparent that there were some diseases that could not be adequately understood or treated with the help of technical agents alone. Although abnormality was still seen in terms of faulty adjustment, it was now a disturbance in the relation between the individual and his environment, rather than a disturbance wholly within the individual himself. The patient's emotional state and the cause of that state assumed a new significance. In other words, the patient became a person.

Psycho-social medicine developed the concept that, in order to understand a disease fully, the human being who has the illness must be considered in his entirety. His feelings about himself and other people, his achievements and his failures, his dissatisfactions and his discontents and the social environment against which he grew up are all as important as the symptoms of disease seen at the bedside. Moreover, as society is in a state of constant flux, the individual is never free from demands for better adjustment. Thus the static concept of health is unrealistic there is no such a person as the 100 per cent well individual unless we consider him for extremely short periods of time.

What, then, are the recent changes in our thinking about health? There are those who suggest that the word "health" is one of those abstract nouns that is more meaningful if it is always used as an adjective, and a comparative adjective at that. The healthier of two individuals is the one who has the better ability to maintain an even temper, an alert intelligence, acceptable social behavior, and a happy disposition in the face of similar frustrations. The more an individual *knows* himself, *accepts* himself and *is* himself the healthier he is.

Health is a potential and actual ability to react realistically to stress of all kinds whether experienced at the physical or psychological level. Those who face their problems squarely, perceiving them with the least subjective distortion, those who seek and follow up possible solutions, show a healthier reaction than those who passively accept failure, or those who retain a sense of urgency of the problem unaccompanied by adequate attempts to solve it.

In this respect it is well to remember that the literal meaning of the word "disease" is discomfort or lack of ease. Many causes of "disease" can be overcome by the individual's own efforts — e. g., the states of disease caused by hunger, fatigue, unpleasant physical surroundings, or frustrating social experiences. Failure to recognize that the number of physical and psychological stresses, which require the expert assistance of the health service team, is much fewer than the number of "disease" - producing stresses that are encountered in everyday life and overcome by the unaided individual, is to neglect the reservoir of health that is to be found in every sick person. This is unfortunate, for health is an ability which constantly improves with its practice. The resigned attitude of many sick individuals to their fate — an attitude often permitted by those who should know better — prevents the patient from discovering that health is more than the mere capacity to overcome disease. It is equally the capacity to experience deeply felt satisfaction in the process. Although there may be some truth in the old saying that "life is a consistently fatal disease," there is no excuse for not encouraging every individual to attempt to adjust to the world and the people around him to the maximum of his effectiveness.

This widening of the previously held concept of health calls for changes in therapy as well. It is not enough for the therapist to relieve disease; it is also his task to keep people well. The limitations of specialization have to be compensated for by teamwork. This has led to two important developments. First, the shift to the group as the carrier of professional knowledge tends to dissolve the authoritarian monopoly of secrets and skills claimed by each specialist. Secondly, there is increasing recognition of the fact that in the long run the citizen whose disease is being treated in one of the most important if not *the* most important member of the team. The therapeutic efforts of all the others should be directed towards increasing his ability to overcome the causes of his diseases through his own efforts. The use of public education as a means of imparting the necessary knowledge to those citizens who have not yet broken down to the point that they need to call in the highly specialized therapeutic team is the keystone of the Mental Hygiene movement. This movement claims that public understanding of the social and psychological needs of the citizen improves the services to the ill and prevents maladjustment. This is just another way of saying that, as the community is the real clinical entity and as the well of the community must carry the ill of the community, it is very important to keep the healthy as healthy as possible. A community health program entirely oriented to the providing of services for the ill will always be unnecessarily costly if not entirely inadequate.

If there is one modern concept of health of greater importance than any other that has developed over the past 50 years, it is the idea that ill people get well more quickly when surrounded by warm human understanding, and that technical skills alone, although very necessary, will never bring the patient to as high a state of health as will the addition of satisfying social relationships. Human beings need each other and isolation from or rejection by society and the accompanying sense of unhappiness and loneliness it brings can do as much to impair health as anything we know.

Of late, much interest has been focused on one variety of social isolation — namely, maternal deprivation. That the aftereffects of maternal deprivation can be severe and that the ill effects of such deprivation can be traced into adolescence and adult life cannot be denied. Yet there are other forms of social isolation that are just as harmful and may sap the community's strength to an even greater degree because they happen more frequently. The fact that many of these can be remedied by resolute effort on the part of all in the community calls for more detailed study of the dangers of early forced retirement of still active workers, of incarceration in jail without an adequate rehabilitation program, of isolation of large populations of the mentally ill outside the community proper, and of hospitalization of sick children and adults in technically perfect but emotionally sterile surroundings.

The success that has followed the surrounding of the patient with the maximum of human consideration for his emotional needs in the treatment of apparently hopeless psychosomatic cases has highlighted the role of the therapeutic team as a supplier of emotional nourishment. As has been said by another writer, the restoration of the ill to health requires teamwork but the essence of teamwork is an emotional and intellectual acceptance of our varying backgrounds and interests . . . the ability to discuss fully our own problems and the problems of the case with each other as they arise so as to have a sound diagnostic and treatment program. Finally, understanding is needed that will enable us to avoid letting our desire to capture and maintain professional status for our group impair the ability of all members of the team to contribute to the client's therapy as best fitted. It does not matter whether that therapy is being carried out by a doctor, nurse, psysiotherapist, psychologist, social worker, teacher, wife, husband or other members of the family or, as is so frequently the case, by the patient himself.

It is particularly appropriate that of all who make up the therapeutic team, at least during convalescence from acute illness, there is no one who spends more time with the patient than does the nurse. Is it not satisfying for her to know that modern science now backs up the age-old belief that one of the functions of a nurse is to nourish and that of all the many therapeutic skills a professional nurse has at her disposal, there is none more potent in restoring the total health, both physical and mental, of her patient to full effectiveness than the giving of a full measure of "tender loving care?"

Management of Isolation

LILLIAN ALDOUS

WE ARE at constant war with our many foes — the bacteria and viruses. They are obsessed with their life's work of perpetuating themselves and we humans are just as insistent on their control, in order that we may survive. To control these enemies we need constant vigilance in our hospitals.

Man is the chief source of disease. During the period of first taking in the organism to the appearance of the first symptom (incubation period), there is little danger of man spreading the disease. During the prodromal period (the period from the appearance of the first symptom which the patient feels to the appearance of a sign such as a rash or stiff neck), the disease is spread. Isolation at this time is as important as during the acute stage of the disease, which is the next stage.

Control of communicable disease depends on the method of spread. Those spread by exhalation depend upon masking and segregation. The gastrointestinal group of diseases is spread by excretion and the control of these depends on the care of the hands, clothes, dishes, and excreta.

There is non-specific and specific immunity to diseases. Non-specific immunity depends on the individual's health. Patients in hospitals have a low general resistance, as a rule. Specific immunity may be acquired naturally or artificially. Immunity is acquired naturally by having the disease or by being exposed repeatedly to it. The bacteria, viruses, and toxins act as antigens and stimulate the production of antibodies. We may acquire immunity artificially by introducing into our bodies toxins and bacteria in weakened forms. These act as antigens, which produce antibodies. We may have antibodies, that have been produced in animals, introduced into our bodies giving us a passive immunity.

Patients in hospitals are good targets for bacteria and viruses to establish themselves. Infection is generally spread from patients actually suffering from the particular disease. It is nearly always necessary that there be definite contact between the person suffering from the disease and the person who catches it. The contact does not need to be close. Infection can spread by air.

Infections will spread more easily in dusty, stuffy, crowded or badly ventilated rooms. Bacteria may and do attach themselves to particles of moisture in the air or the dust and spread in that way. Food and inanimate objects such as clothes and bed linen can also be a source of infection. To prevent the spread of disease, the following points must be considered:

Isolation of the patient.

Strict observance of the principles of isolation technique.

Disinfection of clothing.

Concurrent disinfection.

Terminal disinfection.

Securing a dust-free, well ventilated room.

Care of laundry.

SELECTION OF THE ROOM

The accommodation must be arranged so that the patient is alone. All visitors must be excluded. Good ventilation must be considered with all drafts avoided. To make cleaning simple and satisfactory, draperies, rugs and upholstered furnishings should be removed. The bed should be placed as far from the door as possible but not facing the window, nor with a draft from the window blowing on it. The window must be well screened. All equipment will have to be kept in the sickroom, unless there is a vacant room next to it. By exercise of ingenuity, equipment may be screened from the patient's sight.

ISOLATION TECHNIQUE

The principles of isolation technique

Mrs. Aldous is clinical supervisor, Isolation, Regina General Hospital.

are simple but putting them into practice is tedious and time-consuming. Few breaks in technique result from ignorance. Most occur because of carelessness.

Gowns should be worn by those attending infectious patients. It is recommended that a clean gown be worn every time the attendant gives care. If gowns are worn repeatedly, standard nursing technique in the manner of donning and removing them should be strictly adhered to:

> *To put on a gown:* Put the hands and arms into the sleeves, touching only the inside of the gown. Draw the neck of the garment into place, touching only the inside. Fasten it at the back. Lap the back edges. Draw the belt ends into place and fasten them while the lapped edges are held in position.
>
> *To remove a gown:* Unfasten the neck after washing the hands. Draw off the first sleeve by slipping the fingers under the cuff. Draw the second sleeve off by grasping it through the first sleeve. The gown should be hung on a standard with the shoulder seams together and only the contaminated outer surface exposed.

Hand washing is the most effective means of preventing the spread of the infection. A stiff brush is not recommended for those scrubbing frequently, since excoriated hands are a menace. Meticulous cleaning under nails, around the cuticle, and between fingers is important as infection is prone to linger in these places. A good quality of hand lotion is recommended to prevent chapped hands. A foot-pedal type of scrub basin is recommended.

There is need for a good supply of disposable hand towels. Do not dry on a damp towel as it may be a reservoir of infection and the moisture tends to keep the bacteria alive.

Masking may be a valuable means of preventing the spread of droplet infection. However, the wet mask is a menace. Carrying masks in pockets or wearing them as necklaces are dangerous practices. It is preferable to use disposable masks and discard them as soon as leaving the sickroom. The mask must cover both mouth and nose. Once the mask has been put on, it must not be disturbed.

CONCURRENT DISINFECTION

The causative agents of communicable diseases are abundant in the discharges from the ear, eye, nose, urethra and vagina. They are present in the nasopharyngeal secretions in sore throats, colds, and the early stages of many diseases, and appear in the sputum in diseases of the lungs. In other cases, they occur in the urine and feces. They generally contaminate feeding and sanitary utensils, bedclothes, pillows and nightgowns, books or toys, instruments used on the patient, the air, and the dust on the ward floor.

A properly isolated patient must have a complete set of equipment — his own sanitary utensils, tray of dishes, thermometer, etc., which must remain in his room. This is commonly known as *barrier isolation*. This term implies that anything that must be taken from the room during the period of illness must be decontaminated or be in such a form that it will not contaminate members of staff or other patients.

Stool and urine must be decontaminated. Transfer the excreta from the bedpan to a pail with a cover and allow the mixture to stand for two hours. Formalin in a 10% solution quickly deodorizes fecal material and inactivates viruses making it the solution of choice for poliomyelitis stool. For the group of bacterial gastrointestinal diseases, the coal tar products are active germicides. Five per cent phenol or 5% Lysol solutions are effective disinfectants for typhoid stool. The pail is then carefully carried to the nearest bathroom and emptied. If it is necessary to touch anything in the bathroom, do so only with pieces of paper. This paper must be of a type which may be flushed safely down the toilet, without obstructing the plumbing.

Nasopharyngeal discharges may be decontaminated with the other excreta and flushed down the toilet.

The patient's tray of dishes should be wiped clean with paper serviettes. Any liquid foods mav be decontaminated in the pail noted above. Solid foods should be placed in a paper bag and deposited in the wastebasket with other materials to go out to the incinerator. The dishes are then transferred to a large kettle, which must have a cover. This kettle will be brought to the door on a table with castors, the lid removed with a piece of paper, as we want the outside of it to remain clean. The dishes are put into the kettle, the lid replaced, and the table wheeled to the kitchen. There the dishes are covered with boiling water, set on the stove, and allowed to boil for 20 minutes. The dishes should be staggered when being placed in the kettle to permit the boiling water to reach all surfaces. The dishes are then removed and are considered free from contamination. A suitable place should be allocated to these dishes, which can be clearly marked. These dishes will not be used for any other patient.

When meals are ready the patient in isolation is served last. The dishes are filled and carried to the door. The nurse, who will be feeding the patient, receives the food and places it on the patient's tray.

One common factor to all wards is the floor. Tests have shown that after sweeping and dusting, the number of germs in the air increases enormously. Dry sweeping of polished wood floors is the worst offender and should never be permitted. Dry dusting should be banned. There must be an oil or bind in the sweeping compound. The isolated patient's room should be wet-mopped daily with antiseptic solution.

The soiled linen from the patient's room must be received in dry laundry bags of heavy canvas, with purse strings so it may be easily closed. This bag must be well labelled. The laundry personnel should be carefully instructed to wash it last and to put the bag in the washer with the linen. If there are no boiling facilities, the linen should be disinfected with a solution such as 2% formalin. After such treatment, the linen may be sent to the general laundry.

General Sterilization

According to the routine in many communicable disease hospitals, various articles may in general be sterilized or disinfected as follows:

Airing outdoors in sunshine: Patient's clothing (if left in the hospital). Generally it is taken home by the family. It should be opened out and pinned to the line to permit maximum effect of the sun. Leave things on the line for six hours.

Boiling: Enamelware, instruments, except sharp ones, glass and porcelain. Start in cold water and boil for ten minutes. Sharp instruments should be boiled for only three minutes. Rubber tubes and tubing and hand brushes are given five minutes.

Protect glassware, porcelain, and rubber tubing from direct contact with the metal of the boiler by wrapping in old linen.

Washing with soap and water and airing: Certain articles of clothing, such as leather boots, shoes, belts, gloves, etc.; certain valuables, as coins and jewelry; combs; head mirrors; hot-water bags and icecaps; rubber drawsheets and pillowslips; rubber covered sandbags; certain toys; furniture, walls, shelves, windows, radiators, scrub stands.

Chemical means: Wipe the following with alcohol 70% or phenol 5%:

Electric plates, extension lights, flashlights, otoscopes, oxygen tank gauge, suction apparatus.

Wash clinical thermometers and the hopper brush in soap and water, then immerse in 5% phenol or 4% Lysol for 30 minutes.

In some places paper money is dipped in 50% alcohol or 2½% phenol and dried.

Sterilization by burning or incineration is the only safe procedure with magazines and papers; non-washable, non-sterilizable toys; refuse of all kinds.

Sterilization by autoclave is provided for mattresses and pillows, if at all possible. If not (but not as good a method), air for 24 hours, in the sunlight, or as long as possible.

Chemical Agents of Disinfection

Methods of using liquid disinfectants: No method is trustworthy that does not thoroughly wet the object so that there may be direct contact between the germ and the germicide. As a rule, it is best accomplished by immersion. When this is not practical, the solution must be applied to the object. Since it will remain but a short time in contact with the surface to be disinfected, it is an advantage to have the solution hot and strong and to have sufficient pressure, in order to obtain the mechanical cleansing effect produced by a vigorous stream. Germicidal solutions and emulsions are much more potent when used hot.

Bichloride of mercury is one of our most valuable and potent germicides. It is a general protoplasmic poison and destroys all forms of bacterial life, both germs and spores, in relatively weak solutions. It is not a deodorant. It is not well suited to the disinfection of sputum or feces because it forms an albuminate which retards penetration. The solution is most potent when warm. A solution of 1:1,000 strength is sufficient for non-spore-bearing bacteria, providing the exposure is continued for at least half an hour. For the spore-bearing, the solution strength must be 1:500 and the length of exposure at least one hour.

Carbolic acid is very useful because of its wide range of application. It cannot be depended upon to destroy spores. Since it does not coagulate albuminous matter it is effective for disinfecting excreta and sputum, as well as soiled linen. It should be in 2.5 to 5% solution.

Potassium permanganate is a strong oxidizing agent. It has been found that a solution of 1 to 833 is sufficient to kill pus cocci in two hours, a 5% solution kills spores in 24 hours; also the bacillus of glanders is destroyed in 2 minutes by 1% solution.

Lime is one of the best and cheapest disinfecting, deodorizing, and drying agents. In the presence of moisture, it is a caustic useful for the destruction of organic as well as germ life. A 1% watery solution kills non-spore-bearing bacteria within a few hours. A 3% solution kills typhoid bacilli in one hour. A 20% suspension mixed with an equal part of feces or other waste will disinfect within one hour.

Chlorinated lime, popularly called chloride of lime or bleaching powder, is a soft, white substance. A 5% solution destroys spores within an hour. Since it not only bleaches but also destroys fabrics, thorough rinsing in plenty of water is necessary. Chlorinated lime may be used to advantage to disinfect bath water in typhoid, dysentery, cholera, or other communicable diseases.

Formaldehyde solution is known by the trade name "Formalin." It has a wide range of usefulness in general practice. It is irritating but not especially toxic. Fecal masses are deodorized almost instantly by formalin and a 10% solution will disinfect stool in an hour, if it is thoroughly mixed with the fecal matter.

Formaldehyde gas requires exposures of at least 6-12 hours in a small, airtight container to achieve surface disinfection. The presence of organic matter interferes with its action. Formalin gas can only be depended upon to give surface disinfection.

DETERGENTS

Detergents are synthetic organic chemicals. Their most striking characteristic is their ability to lower the surface tension of water. We are concerned with two general uses of these substances — as cleansing agents or soapless soaps and as disinfectants. Some detergents are excellent cleansing agents but have relatively little antibacterial action. Others are effective antibacterial agents because of the ammonium they contain.

The cleaning process became much less arduous and time consuming with the introduction of soap but soap has many disadvantages. It does not work well in cold or salt water. It is precipitated when metal or lime salts are present in water. It does not act in acid solutions. It makes surfaces slippery. It has to be made from expensive oils.

The cleansing detergents have many advantages. They are equally effective in cold and hot water; they are not precipitated by lime or other salts; they can be used in strongly acid solutions; they do not make surfaces slippery. Materials washed in cleansing detergents dry more rapidly because the lowered surface tension of the water prevents the formation of drops and the water quickly drains away.

These compounds are very practical

for cleaning in hospital wards, utility rooms, kitchens, and other parts of the hospital. They are ideal for routine damp dusting in patients' units. No visible film is left on metal or glass surfaces that are left less slippery than when washed with soaps. Detergents are effective in cold solution. These agents are non-toxic and seldom cause skin reactions.

It should be noted that *these cleansing compounds are not to be relied upon as disinfectants* where the complete destruction of pathogenic organisms is required. Moreover, detergents should not be added indiscriminately to disinfecting solutions with the idea of combining cleaning and antibacterial action. Some detergents completely inhibit the action of some disinfectants.

The antibacterial detergents, such as Roccal, Zephiran Chloride, Phemerol, Emulsept, Cetavlon, etc., owe their effectiveness to quaternary ammonium compounds, a group containing the NH_4 radical. These are neutralized by the cleansing detergents. The antibacterial detergents are rapidly absorbed by bacteria, which clump together. Thus bacteria on the inside of the clump may not be killed. Fatty substances prevent the antibacterial detergents from being effective, as they simply trap the effective principle.

The antibacterial detergents have striking properties. They are most effective against Gram-positive cocci. They cannot be considered as proven antiviral agents. In fact, this group has been used to discourage bacterial growth in virus cultures, while allowing the survival of the virus.

The antibacterial detergents destroy bacteria by starving them to death. The active principle adheres to the surface of the bacteria and prevents them from obtaining essential food. The bacteria cannot procreate.

Three times as much antibacterial detergent is required in a moderately hard water as in distilled water.

The most important uses of the antibacterial detergents are in environmental disinfection and sanitization. They are recommended for dish and glass washing over the chlorine compounds because they are more stable; they are non-corrosive to metal surfaces; their use results in quick drying and lack of visible film on the dishes; high dilutions of some will kill bacteria with one-minute exposure; and they are non-irritating to the user's hands. Great care must be taken that the technique adopted is rigidly followed to avoid any modification that would diminish the effectiveness of the compound. Improper use is dangerous.

PREPARATION OF SOLUTIONS

Note: "Add up to" means "add until the total volume is."

Lysol solution 1%: Measure 6 drams of pure Lysol out and add up to 80 ounces of soft water.

Bichloride of mercury solution 1:1,000: Use five 7½-gr. tablets of bichloride of mercury and add 80 ounces of soft water.

Bichloride of mercury solution 1%: Use 50 7½-gr. tablets of bichloride of mercury and add 80 ounces of soft water.

Formalin solution 2%: Measure 13 drams of formalin and add 80 ounces of water.

Dettol solution 2%: To 2 ounces of Dettol add up to 100 ounces of water.

Zephiran Chloride aqueous solution 1:1,000: Use 1 ounce of Zephiran Chloride concentrate 12.8% and add 127 ounces of distilled water.

Cetavlon 1%: Use 1 ounce of Cetavlon concentrate 20% and add 19 ounces of water.

Potassium permanganate 1:1,000: Measure 1 dram of potassium permanganate crystals and add 80 ounces of soft water.

Potassium permanganate 1%: Measure 1 dram of potassium permanganate crystals and add 14 ounces of soft water.

Children of the same family seldom differ more than 15 points in I.Q. (intelligence quotient), twins by only half that amount. Intelligence tends to run in a family, though not as consistently as, say, eye color. Thus one aid in estimating an individual's intelligence is to know how intelligently his parents or brothers and sisters act.

Lyle Creelman *Writes . . .*

I HAVE RECENTLY RETURNED from a trip which has taken me around the world and up and down, on the map, from Jesselton in North Borneo, which is about 6° north of the Equator, to the Aleutians which are about 12° south of the Arctic Circle. It is true that the latter stop was just to refuel the aircraft on a cold, blustery night and not to see the nursing services for those interesting people, the Aleuts.

Perhaps you would like to know where I went and whom I saw, at least the Canadian nurses whom I met on the way. My starting point was Geneva on November 16. The big Air India Constellation arrived in Bombay about 8:00 p.m. the next evening and, when I finally arrived at the Taj Mahal Hotel nearly two hours later, there was Kay Durell waiting with her team of two. They had been in Bombay for about three months and were already settled into their work at the JJ Hospital school of nursing. As I had to leave early the next morning we talked hard and fast until midnight.

In Delhi, I saw Eleanor Graham who had recently been appointed as the Assistant Regional Nursing Adviser with the South East Asia Region of WHO. Eleanor and I spent a fascinating week-end wandering round Old Delhi, taking lots of pictures of the people and of the charming old Red Fort.

In Calcutta I had a brief time with Minette Bird and Mary Des Rosiers. Minette is a pediatric nurse in Calcutta and is having a stimulating time helping to improve the services and teach pediatric nursing. Mary has been in Calcutta for nearly two years. One of her interesting projects is working with some of the Indian nurses in the preparation of a textbook on nursing which will be translated into Bengali. I met Nancy (Toy) Boase also. She was awaiting the arrival of her first baby and, I understand, shortly afterwards a bonny son arrived.

Then on to Dacca which is at the head of the Bay of Bengal. I find many people confuse Dacca with Dakar which is in Africa. Dacca is the capital of East Pakistan, a country with about 43 million people. There are less than 300 nurses. Dorothy Potts and Maude Dolphin are working there trying to help the Pakistani nurses, in the Medical College Hospital, develop their school and the clinical field for teaching. The difficulties are many because in East Pakistan many of the women are in *purdah,* which means that they do not go outside their homes unless they are covered from head to foot with a *burkah* or long veil. The *burkah* may be black or white. You can imagine how difficult it is to persuade parents to allow their daughters to become nurses when they will have to leave the home, live in a residence with necessarily less supervision than can be given under the parental roof, and work side by side with male medical students and doctors.

It is only a short hop from Dacca to Rangoon, the capital of Burma, which was once known as the most beautiful city of the East. Judging by the progress made in the two years since I had first been in Rangoon it is fast regaining its former status. There I saw Lillian Baird who is teaching public health nursing students. She had a class of 10, including one male student. All of them were graduate nurses or graduate midwives—even the man had his certificate in midwifery. I saw the neat little village of Goodliffe just outside the city where Burmese nurses, who were in the first public health nursing class, were working in the Health Centre and guiding the new students in their field experience. Muriel Graham, who had been in Burma for three years, was just about to leave to return to Canada.

From Rangoon I flew to Bangkok—the Venice of the East. It happened to be a holiday so everybody and everything was gay and colorful. With Ina Dickie, Justine Delmotte and some of the WHO nurses I went for a boat trip up the *klongs,* or canals, that traverse the city. We saw the floating food market — individual merchants with their boats full of all kinds of vegetables and fruits. And, of course, rice! Thailand is one of the few rice surplus countries of the world. I had an opportunity to visit with Ina Dickie in the Health Centre where she is helping her Thai counterpart guide the nurses in their practical experience in public health nursing. Justine Delmotte had come in from the rural area where she is working with a yaws control team. Yaws, a very crippling disease, affects 13 per cent of Thailand's population. I wish Justine would write an article for you and tell you about the conditions under which she lives and works.

One morning I flew over the jungle country of Southern Thailand to Pnom-Penh, the capital of Cambodia. There Willy Vischer and Alice Talbot are working on one of the most interesting of the WHO nursing projects. Willy Vischer is not really Canadian although you would like to claim her I am sure. She took her public health nursing course at McGill and she was recruited from Canada. Alice Talbot is from Montreal but worked for many years in the United States. So far their chief work has been to help improve the nursing services through actually working on the wards and in the Health Centre with the Cambodian "nurses" and also giving these "nurses" some theoretical teaching. At the same time they are making plans to start the first real school of nursing in Cambodia. The building is under construction now and very soon will be open to the first students. The young Cambodian man and woman who have been working with the WHO nurses on this project from the start two years ago are taking, through Alice Talbot's encouragement, a correspondence course from Paris in order to fill in some of the gaps in their basic education.

After Pnom-Penh I had a delightful week-end in Hong Kong with its beautiful city of Victoria, its famous harbor, and the lovely things to buy. There were no WHO nurses in Hong Kong but we did discuss plans for the future assignment of two public health nurses to the colony.

From Hong Kong to Manila—which is the headquarters of the Western Pacific Region of the World Health Organization. It was now the Christmas season and together with Elizabeth Hill, the Regional Nursing Adviser for this area, I left the city for a few days and drove north into the mountains of Luzon to see the famous rice terraces, some of which were started over 2,000 years ago. Seeing this rugged mountain country with its stocky people who plant, tend and harvest the rice, and with great toil and effort maintain the stone walls of the terraces, gave me a realization of the problems of providing health services to such an area. I was reminded of some of our own very rural parts of Canada but in the Philippines I think the problem is much greater because economically there are not nearly as many resources. In spite of the fact that the mountain people toil from morning till night to grow their rice, they still do not produce enough for their own consumption.

To fly south from Manila to North Borneo is a delightful experience. Down below one sees the beautiful blue-green atolls. An atoll is, as you know, a ring-shaped coral island surrounding a lagoon and, in my ignorance, I thought the color would be like red coral. It is really much more beautiful. The island of North Borneo was ravaged by war and all services have had to be gradually re-established. The first school of nursing was started last January with Evelyn Matheson as the instructor. She has 10 men and women students. Their social origins are Malayan, Chinese, Ceylonese, Duson and Murut; the latter two are native North Borneo tribes.

Then I retraced my steps to Manila for a few days and on to Taiwan or Formosa. Isabel Mackay is teaching in the Taipei University School of Nursing and she invited me to visit her parents, Dr. and Mrs. Mackay in Tamsui. Dr. Mackay has been a Canadian missionary in Taiwan for many years and is now retired and living in this beautiful spot. One day I took the train from Taipei to Taichung where Vivian Kirkpatrick is helping in a demonstration centre and teaching public health nursing to Taiwanese nurses and midwives. On the Taiwanese trains one is served tea in glasses. The glass is constantly kept filled by a boy who goes up and down the train with a big kettle of hot water. In spite of some lurching there are rarely any accidents. As it was rather chilly the glass of hot tea held in one's hand was very welcome.

From Taipei I flew to Tokyo. I am sure many of you have visited Japan and have experienced the delightful hospitality of the Japanese in their own beautiful country. The Japanese nurses are enthusiastic and progressive but, as everywhere, there are just not enough hands to go round. Their great shortage is for nurses trained as teachers and they have asked WHO to help them next year in establishing a course on this level. Some lucky international nurse will have the opportunity of planning and working with them on this project.

Then I returned to Canada and, after two weeks in Vancouver, proceeded on my way across the country stopping in Edmonton, Calgary, Winnipeg, Toronto, Ottawa, and Montreal. It was wonderful meeting so many of my friends. I found many nurses who were extremely interested in what WHO is doing and some who would like to help. When talking to people who would be interested in joining the Organization I was asked many questions. Perhaps I might close this account by giving brief answers to the questions most commonly asked:

What kinds of positions? I have answered this by telling you what some of the Canadian nurses are doing now. You will realize that for these positions we need nurses who have experience and qualifications in teaching and/or in clinical supervision. We need also nurses who have had good experience in public health beyond the staff level, such as in supervision or in teaching.

What about language? Surprisingly, this is not as difficult as might be supposed. Much of the teaching is in English but always one must adjust vocabulary and speed of speaking so that the people will be able to follow more easily. When classes must be given in another language this is sometimes done through an interpreter. You would be surprised how quickly the nurses learn to speak the local language. WHO gives some financial assistance to enable its personnel to take language lessons. Vera Watson, who is Vivian Kirkpatrick's working mate, has already learnt to write in Mandarin. This is really a remarkable achievement!

What is the age limit? So many times nurses have said to me, "But I'm too old!" My reply usually is, "In so many of these countries there is a much greater respect for age. Whereas in our own culture there is a tendency to think that the younger person is preferable, in many of the Eastern countries the added maturity of age is essential if the person is to have the respect which is necessary in order to work successfully." Actually, for field positions we do not have any specific age limit except the retirement age of 60 but, when the applicant is over 45, we naturally give individual consideration, since we do know that some of the conditions under which WHO personnel work are physically very rigorous. We must also consider the fact that one of the most important qualifications is flexibility.

What do I need to take? That, of course, depends on where one is going. Clothes need to be adapted to the country. Nylons are too hot in tropical areas so it should be mostly cottons. One would need to take the books that would be required to give the personal and professional security needed in the work. Information is provided on all of this after appointment. There is ample provision made to take equipment by air and to send more by surface.

Is there an orientation period? Yes. Usually personnel report first to Geneva where they remain for about ten days. During that period they become acquainted with headquarters personnel and learn something of the objectives and policies of WHO. Then they go on to the Regional Office where they spend about a week meeting the staff and learning more specific details about their particular assignment.

Can I get used to foreign food? I am always most interested in trying out foreign dishes and sometimes, believe it or not, it is difficult to get them. For example, in the hotel in Delhi where I stayed, one could get an Indian meal only at noon on Sunday. There is ample opportunity to obtain the food to which you are accustomed. Usually one wants to add to this diet the many interesting fruits and vegetables of the tropical countries.

Can I stand the heat? My only reply to this is that the adaptability of the human organism seems to be very great. I do not know of a single complaint from any of our personnel about their difficulties in adjusting to tropical heat. It is necessary to take certain precautions, of course. One does not go about as energetically as at home. An afternoon siesta is frequently the custom. Working hours may be adjusted also. For example, the working day may be from seven in the morning straight through until two in the afternoon.

The opportunities in international work are many and personally I know that I have gained immeasurably more than I have been able to contribute.

P.S.—If any of you would be interested in having further information about nursing in WHO, or if by chance you would like to join the staff and "see for yourself," just write to me, **c/o WHO, Palais des Nations, Geneva, Switzerland.**

In the Good Old Days

(*The Canadian Nurse* — AUGUST 1914)

"The University of Minnesota is the pioneer of a significant movement for better education of nursing women. It has led the entire world in creating a school for nurses, under direct university control, that is affiliated with the teaching hospital that it owns and controls. The significance of this movement lies not alone in the high standard of training which the university has set, but also in the fact that its action tends to remove from the exclusive control of the hospital the education of the nurse."

* * *

"I have long felt a hesitancy in using the term 'trained nurse' without knowing why I should object to its use. I am definite about it now since I found this sentence in the work of an educationist: 'We cultivate plants, train animals, and educate persons.' The essential idea in *train* is that of habits, the object being an automatic though conscious mechanism. To *educate* implies the development of certain characteristics or qualities in these young women who wish to become nurses . . . I cannot see the necessity for adding the superfluous word 'training' to the fully adequate expression 'school for nurses.'"

Shades of 1914! Many schools still have a sign up on the office door "Training School Office." How soon can a repainting job be done?

"Soap is the greatest civilizer of man. Let us encourage more public bath houses."

* * *

"The war against preventable diseases and death is in essence a struggle between the dollar and the death rate. So far the dollar is ahead. The body politic still prefers a high death rate to a slight increase in the tax rate to finance adequate health services."

* * *

"Two prizes, one of $100 and one of $50, have been offered for the best devices invented by nurses for the promotion of the comfort, relief or welfare of a sick person. Preference in the awarding of prizes will be given to those inventions which have the greatest practical bearing and whose usefulness shall have been demonstrated in the most obvious manner by the models entered in the competition."

The road on which the National Headquarters of the Indian Red Cross is located has been renamed "Red Cross Road," to commemorate the 125th anniversary of the birth of the founder of the movement. It is felt that this will be a permanent memorial to the humanitarian services of the Red Cross in India.

Industrial Nursing

The Industrial Nurse and the Community

ANN PEVERLEY, B.Sc.

NURSES ALL OVER THE WORLD are today re-thinking their approach to the nursing needs of people. We are considering, too, our interpretation of those needs, as well as a change in emphasis in our work as as we attempt to prepare ourselves better to assist in meeting some of the community needs. We have recognized that successful effort is largely the result of intelligent teamwork among the various community agencies. Thus the nurse in the community whose efforts are directed towards the health and well-being of the breadwinner at his or her place of employment becomes an important link.

Discussing the hidden opportunities of industrial nursing, Dr. W. E. Doyle of the United States Public Health Service has pointed out that the health and welfare of the worker is inseparable from the health of the community. Because her duties are directly influenced by community health problems, the nurse in industry often does and should find it necessary to actively cooperate with the community health program. It has been aptly said that:

> With the sphere of influence of industrial nurses as broad as it is today, they cannot be plant conscious and community indifferent. Opportunities are ever-present for industrial nurses to utilize their high degree of specialized knowledge for the health of all.

Industrial nursing in Canada began in a small way as a family health service. It was the advent of Workmen's Compensation legislation that changed the emphasis to emergency care. In the early days industrial nursing placed little emphasis on the care of injuries. The industrial nurse found herself making home calls upon obstetrical patients and caring for typhoid cases as well as giving talks to the children in the school. Records for 1896-98 are interesting, showing that obstetrical cases topped the list, with medical cases a close second, while surgical cases were few. As time went on the program developed into one of health and welfare supervision. It has now become recognized that industrial nurses are a part of the complex pattern of community health facilities. They need to know the work of other public health nurses in both official and private agencies in order to cooperate effectively for the benefit of those for whom all provide some service. The converse is also true. Nurses in the official and private agencies need to have a better understanding of the work of the nurses in industry.

The nurses in industry are becoming increasingly conscious of the fact that they are part of a community team, and a very thoughtful part, seeking greater understanding and skill in meeting health needs. Their conclusions may be summed up in four main points:

1. Recognition that we, as citizens and nurses, should be a live part of our community.
2. Concern with the nursing needs of people in a complex and rapidly changing time.
3. There are many hidden opportunities in industrial nursing.
4. A forward movement is taking place and great progress is to be expected through quality nursing service given by experienced and prepared nurses ready to take their place in the community team.

Miss Peverley teaches public health nursing at the McGill School for Graduate Nurses in Montreal.

Now, with this as a background, let us direct our thinking from these general considerations to something more specific.

One of the functions of the industrial nurse, in the interests of the employee and management, is to counsel employees in matters relating to health and welfare. As source material for counselling and referrals the nurse may profitably keep information on file about community health, welfare, recreation, and adult health resources. As we think in terms of the worker and his needs, let us mention very briefly a few of the community agencies which should work together and may be used as the need arises.

Under the heading of community health resources we might include the plant physician, the family physician, the industrial nurse, the hospital nurse, and the visiting nurse. In this connection it is interesting to remember that experimental programs have been set up to meet the needs of the smaller plant. Sometimes these projects are sponsored by different agencies including medical societies, departments of labor and health, medical practice groups, and visiting nurse associations. Today,, in Canada, many branches of the Victorian Order of Nurses supply part-time services to industry.

Other agencies in our community include hospitals and out-patient departments, emergency first aid service, departments of health and special health organizations. It has been said that modern industry is the logical partner of the health department in bringing workers and their families all of the new and rapidly growing fund of knowledge for preventing illness and improving health.

The industrial nurse can also use more child guidance clinics as a resource. There are situations in which you find that the father's problems are creating emotional difficulties for the children. If you help to work out a referral to a child guidance clinic in such a case you will not only be furthering preventive work but, if the children get help, you will indirectly aid the father. The father's adjustment on the job may be quite definitely affected by the problems going on in the home. It is essential that we as nurses have a better knowledge and understanding of human behavior of principles of mental health, and of ourselves. Skill and sensitivity in appraising the mental as well as the physical health of each person with whom the nurse works must be used and developed so that she can decide what her part is in helping the employee, and so that she may know when to refer him to other sources for specialized psychiatric case work or other services. This emphasizes the need for a thorough acquaintance with available resources.

We should all be ready to use other sources of help since no one person can be "everything to everybody." I would mention here also the Social Service Index as an indispensable community resource, as well as the directory of community agencies.

Under the heading of welfare, we might think of checking our knowledge of day-care facilities for children of working mothers, institutions for the chronically ill, legal aid societies, and agencies which care for unmarried mothers. The worker who is worried about a child, a chronically ill person at home, or a legal difficulty may be helped by the nurse who knows how to use community facilities. Industrial workers are members of families and of social units. We need to remember that many of their problems arising from the environment outside the plant have a bearing on their work. Nurses in industry usually have fewer occasions to call upon relief agencies than nurses of local health departments and visiting nurse associations because the industrial nurse is usually working with persons employed full-time. However, when the need does arise, the nurse should know the local welfare agencies so that the anxious worker may be referred without delay to the agency best able to help him.

From the point of view of adult education the nurse needs to know something of recreational facilities and rehabilitation centres within the community. We need to be at least aware, for instance, that there are industrial and penitentiary training programs. Canadian industry and labor can play an increasingly important part in the rehabilitation of men and women released from penitentiaries.

Then there is that group of older workers in industry who need the nurse's help in planning for retirement. The industrial nurse may help by interpreting existing community facilities for constructive off-the-job activities and encouraging the worker to make use of them. The industrial nurse's knowledge and enthusiasm may be the necessary influence needed to foster the employee's interest in planing for retirement.

It is recognized that health education is part of the function of every nurse. In order to carry out this function effectively we all need to be prepared to teach and to know sources within the community which provide up-to-date literature and other teaching aids. I would like to suggest, too, as we look over the community, that university schools of medicine and nursing could be used to far greater extent in professional education of those members concerned with health and welfare in industry.

Education is a growing responsibility of all the nurses in industry, not only to develop themselves in their present positions but also to prepare to serve as teachers and leaders of others. Only through good industrial nursing guidance and leadership, plus professional study and experience, can nurses realize their fullest potentialities.

The aim of education for the nurse in industry is twofold. Not only must she learn certain essential techniques but she must also develop a deeper appreciation of the problems confronting her as a member of the health team. This appreciation will only be as real as the effort the nurse puts forth in discharging her daily obligations. For the nurse, education is a lifelong process and each learning experience paves the way for future progress.

Cerebral Accidents

CEREBRAL ACCIDENTS have been described by Dr. Irving S. Wright, chairman of the Scientific Council of the American Heart Association, as one of the most neglected aspects of medicine. Strokes are responsible for three times as many deaths each year as diabetes and tuberculosis combined. Many of the thousands of victims of cerebral accidents who are still living require from one to four persons to care for them.

Resulting from high blood pressure or hardening of the arteries, or both, a stroke involves either the rupture or blockage by a clot of a blood vessel in the brain. It has much in common with coronary thrombosis, the principle difference being that the "accident" occurs in the brain rather than the heart. Dr. Wright pointed out that cerebral arteriosclerosis is the second leading cause of first admissions to mental hospitals, ranking just behind schizophrenia.

Emphasizing the need for basic research in this and in all other diseases of the heart and blood vessels, Dr. Wright said: "When an investigator takes the final step resulting in a marked advance in treatment, or a spectacular cure, it is often forgotten that what he has really done is to crown the efforts of many workers who have contributed bit by bit to the knowledge later available to him. Their research, often unrecognized, unheralded and long unused, provides the groundwork for the final triumph. Basic research is too frequently conducted on a semi-starvation basis because of lack of appreciation of its long-range contribution." Anticlotting drugs promise a substantial reduction in the death and disability rate from coronary thrombosis. Recent advances in heart surgery were termed "superb triumphs." During the past few years blood vessel banks have been established in several centres, and there are now probably more than 100 patients whose lives are due to the fact that someone else's aorta has been transplanted to substitute for theirs.

Dr. Wright pointed out that medical science does not yet know the basic causes of rheumatic fever, hardening of the arteries, and high blood pressure — conditions responsible for more than 90 per cent of all heart disease.

Institutional Nursing

Let's Boost The General Duty Nurse

DOROTHY J. BYERS, B.A.Sc.

"MISS JONES, what are your plans now that you are graduating?" "Well, Miss Parsons, I thought I would do private duty for a while."

Miss Smith's answer to the same question: "Public health, I guess, if I can get an appointment. I did so enjoy our affiliation."

"Dr Brown is losing his office nurse next month. My application for the position has been in for some time for I felt that type of work would be an interesting change."

Three students — three typical answers heard most frequently from graduating students. If you are a "Miss Parsons," director of nurses, how many times have you received these same answers? How *infrequently* have you heard someone say, "Why, I thought I would do general duty. Would there be a position for me here?"

The point I would like to make is this: Why are so few of the new graduates interested in obtaining positions as general duty or general staff nurses? Fear or apprehension is thought by many to prevent or deter individuals from making changes — only a few derive pleasure from venturing into the unknown. Obviously this would not explain the reluctance of so many to pursue a field of endeavor for which they have been so painstakingly schooled.

So trite an expression as this one hardly dares inject but it has been said "familiarity breeds contempt." Is this then the case? Were those months spent on the wards, in association with those "graduates in white," to result only in turning young graduates away from the very thing for which they were preparing themselves? We realize that much less is learned in the classroom compared to that absorbed in the ward situation — especially professional attitudes.

During the growth and development of the nursing profession, it has been of advantage to point with pride to the vast variety of fields in which a graduate may find a suitable niche in the nursing world — suitable as to interest, educational growth, and monetary gain. It is possible that our enthusiasm in this regard may be responsible, at least in part, for the apparent lack of interest in the foremost position of them all — general duty.

The writer looks upon this situation with considerable sense of foreboding and no little bewilderment. In attempting to analyse the situation, may I present the picture of the general duty nurse as I have seen her in recent years. She may be one of four types:

> The nurse who has just graduated and who is now waiting for papers which will enable her to cross the Border, join the Forces or take post-graduate study in a specialized field.
>
> The nurse who must earn sufficient money to travel or study — in either case, in the fastest possible time.
>
> The nurse who is married, may or may not have children, but has a husband's pay cheque so that she is not always financially tied but seeks employment a little less humdrum than housework.
>
> The nurse who does general duty because she loves nursing — she respects the need of those within her care, their problems, and their families. There are some in this group — all too few — but some, for whom we say "thank you".

The general duty nurse is one of the

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most important persons on the staff, especially in the hospital which conducts a school for student nurses. She must, of course, carry her share of the load in care of the patients. It is also her lot to deal with the relatives and friends, to assist with the teaching of patients, to carry out advanced procedures. Where "teamwork" is in practice, it is she who leads and directs the team, assuming full responsibility for a number of patients and thus relieving the supervisor. Throughout, she comes in contact with student nurses who profit by her experience and are molded by her attitude toward patients, supervision, and nursing as a whole.

Too few of these nurses realize or are made aware of their true role. "Just another pair of hands — someone to get the work done while the students are off to class." It is illogical to expect the general duty nurse to develop the proper attitude toward her work unless she is encouraged and guided. During her orientation period she must be informed of her true role — that is, her place in the nursing and teaching program of the hospital. She must then be given the responsibility of a definite assignment which, when well done, will give her a sense of satisfaction, a feeling of being worthwhile.

During the past few years we have heard much about "orientation" and its importance. The use of such a program of orientation varies greatly in our Canadian hospitals. Programs range from the complete and extensive to the very haphazard. Nearly everywhere, the graduate from another hospital, going to work for the first time in a new institution, is shown around, introduced to personnel and ward alike, but less attention is paid to "one of our own." It has never ceased to amaze me how nonchalantly those in administrative capacities regard the transition of a student to graduate status — one day a student, the next a graduate, supposedly endowed with mystic powers of initiative and adaptability.

Lest this mention of orientation, or lack of it, be regarded as a digression from the subject under review, let me reiterate. We all recognize the value of the general duty nurse but also we realize that this recognition often takes the form in theory only. All valuables should be insured and the best insurance against loss, disinterest or an indifferent attitude is a full-scale orientation program for the general duty nurses, preceded by an educational program for the benefit of those who will be intimately concerned with the guidance of this group of ward personnel.

As an instructor of student nurses, all too frequently I have seen promising young students change in manner and attitude when they advanced to the stage of being on the wards full time. We have all seen and heard of the influence exerted by senior students upon those more junior but it is these seniors who have also been affected by the graduates with whom they work.

Herein lies the problem. It is easy to talk about an existing situation but to submit a solution may appear nearly impossible. By recognition of the facts and cooperative endeavor, even the greatest tasks may be accomplished. Would that we all repeat and practise daily our promise "to practise my profession faithfully . . . do all in my power to elevate the standard of my profession . . . and devote myself to the welfare of those committed to my care."

Nine special ambulances built on Austin 25 cwt. chassis were recently completed for operation in Ceylon by Marshall Motor Bodies Ltd., Cambridge, England. The body is panelled with aluminum sheet and aluminum checker plate forms the floor.

Dr. Isabel M. Stewart, TC Professor Emeritus of Nursing, was awarded a bronze bicentennial medallion for distinguished nursing service on May 13, 1954, by Dr. Kirk, Columbia president.

A lie will easily get you out of a scrape, and yet, strangely and beautifully, rapture possesses you when you have taken the scrape and left out the lie.

— Charles E. Montague

Public Health Nursing

Expansion to Meet Expansion

Lillian E. Frank

For 33 years the Well Baby and Preschool Clinic in Edmonton has served its younger population. It was on July 31, 1920, that the clinic was organized by the Provincial Department of Health. For the many years to follow it has served, on a full-time basis, the great need of parents for guidance in rearing a physically and mentally alert "Young Edmonton."

With the expansion of the city, both in territory and in population, the need for some extension of service arose. It was the aim of the Edmonton Board of Health to continue this service with the same quality and esteem that had grown over the years. Fulfillment of this aim was realized when the South Side branch of the Baby Clinic was opened in May, 1953.

The two clinics now operate alike, the service continuing to be a specialized field. The growth of the work is due largely to the uniformity of teaching by all staff members and the smooth mechanism of the clinic as a whole. Biweekly staff education meetings are held at which time particularly puzzling problems are discussed. For variety, topics on other aspects of nursing are given by the nurses.

One of the unique features of the clinic is that the preliminary duties of admitting, weighing and measuring, and placing of records at the disposal of the nurse, are done by a clerk. This allows the nurses to spend their time entirely with the mothers in private interviewing rooms separated by glass partitions. Here, widely differing problems are discussed. After being given every opportunity to ask questions, the mother leaves the clinic with her anxieties relieved. To a great extent, the teaching is centred around infant feedings and their relation to the well-being of the child.

Mothers are called into the nurse's office by the clerk in the order of their admission. A gentle tap of the bell calls the head nurse any time an unusual situation is seen. This keeps all nurses informed as to the cases of special interest.

Mothers are invited to return to the clinic at regular intervals but no one is refused special attention in the home. Tots about whom there is special concern are visited by the nurses during the mornings. A car is provided for this purpose and visits are "zoned" for the nurses' convenience by the clerk. This continuation and follow-up service provides very complete supervision. It is left to the discretion of the nurse, however, as to how frequently this home supervision is needed. She always keeps in mind that overteaching may curb a mother's self-confidence and defeat the primary purpose of public health teaching. We aim to be *guides, not dictators.* The mother's cooperation and self-confidence are two of our major concerns. The nurses who have gone before us have successfully paved the way for the clinic as it operates so actively today by keeping these points in mind.

Cooperation with other agencies: The Well Baby Clinic occupies a prominent position in the health democracy which exists in our city. Serving the citizens of any creed or nationality, regardless of financial standing, makes us very humble. Most of the regular visitors to the clinics have been new settlers of many nationalities. It is not at all unusual for both parents to come in bringing the whole family. Mothers requiring demonstrations of how to bathe the baby are referred to the Victorian Order of Nurses. Babies in V.O.N. care for the first six weeks are

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Miss Frank is a nurse with the Well Baby Clinic in Edmonton, Alta.

also referred to our clinics for help.

Charts are kept for all cases and weights are recorded on a special graph sheet. All records are written up at the time of the interview and this information remains confidential. Birthday cards are given at one year of age, also the graphic weight chart, which parents are pleased to have.

Pediatricians are in attendance two afternoons each week for about an hour. Besides seeing cases of special concern, they act as staff teachers.

Staffed by four public health nurses and two clerks, the combined average daily attendance at the clinics is now 87 (for a five-day week) compared with 24 (for two days a week in the second year of operation). In addition to the service given during clinic hours, one nurse is busy answering the telephone and correspondence during the morning. In the last month, letters requesting help have been received from as far away as eastern Canada and the Northwest Territories.

New nurses coming on our staff are required to become thoroughly familiar with our teaching program, as planned by the clinic doctor and head nurse, before they are left alone to interview the mothers.

The clinic has served as a teaching unit since its beginning, providing affiliation for student nurses from several of the city hospitals and the University of Alberta.

It has been interesting to study the statistics from year to year and to compare the disabilities that were prevalent at various times. Formerly, malnutrition was one of the chief causes of ill health among the children due, in most cases, to improper methods of feeding. Rickets today is almost unknown due to the universal use of cod liver oil and correct diets. Deaths due to diarrheas, respiratory infection, and diphtheria are also practically eliminated today. Armed with prophylactic immunization and placing more emphasis on health teaching, the physical and mental problems are being sucessfully met. Causes of death in the last few years have been mostly accidents in the homes and on the street, congenital defects and, occasionnally, malignancy.

Victorian Order of Nurses

The following are staff changes in the Victorian Order of Nurses for Canada:

Appointments — Guelph: *Reba Shultis* (Guelph Gen. Hosp.). Hamilton: *Elizabeth Ann Kelly* and *Arlene Sproule* (both Saint John (N.B.) Gen. Hosp.). Montreal: *Mrs. Joan Blackwell* (Queen Elizabeth Hosp., Montreal); *Marjorie Gamache* (Mt. St. Mary College School of Nursing, Hookseth, N.H.); *Maureen Rogers* (St. Joseph's Hosp., Victoria, B.C.); *Mrs. Doris Setter* (Misericordia Gen. Hosp., Winnipeg). Regina: *Jessie Henthorn* (Warneford Gen. Hosp., Eng.). Saint John, N.B.: *Violet Wright* (S.J.G.H.) Toronto: *Mrs. Barbara Anderson* and *Helen F. Trapnell* (both McMaster School of Nursing, Hamilton); *Carol L. Brice* and *Mrs. Thelma Gordon* (both Kingston Gen. Hosp.). Vancouver: *Margaret Richardson* (Paddington Hosp., London, Eng.). N. Vancouver: *Beverley MacKay* (St. Paul's Hosp., Vancouver).

Reappointments — Montreal: *Rosaling (May) Loffredo* and *Joan (Rosser) Roland.*

Transfer — *Mary Janzen* from Hamilton to Lincoln—St. Catharines.

Canadian Junior Red Cross

The pennies, nickels, and dimes earned by Junior Red Cross members across the nation sent relief valued at $133,597.68 to young people in need in other parts of the world in 1953. Sixteen foreign nations were recipients of cash and material gifts. These gifts included health kits, school supplies, clothing, blankets, shoes, toys, powdered milk and candy. All funds collected by the more than a million members of the Junior Red Cross, through their various projects in more than 37,000 Canadian classrooms, go directly for the relief of less fortunate children.

— *Canadian Red Cross Society*

L'Education du Personnel au Sanatorium Tuberculose

Soeur Ste-Ernestine

Le succes remporte jusqu'ici dans la lutte contre la tuberculose a porté certaines gens à croire que cette maladie n'est plus un des grands problèmes de la santé au Canada. Voilà une supposition qui non seulement contredit les faits mais qui, en outre, est effectivement dangereuse en ce qu'elle peut nous inciter à considérer trop à la légère la tâche formidable qui nous attend si nous voulons extirper le fléau de notre milieu.

L'évolution de la thérapeutique a fait maintenant des centres spécialisés dans le traitement de la tuberculose: traitement médical et chirurgical. En outre, suivant l'évolution de la maladie, on peut disposer de sanatoriums de haute, moyenne ou basse altitude. On tend actuellement, et de plus en plus à multiplier les hôpitaux-sanatoriums, ce qui assure ces trois avantages: imposer une discipline ferme aux malades, réaliser les divers éléments du traitement sous une surveillance médicale spécialisée, limiter la contagion par la séparation des malades d'avec leurs familles. Donc le sanatorium d'aujourd'hui semble bien répondre à son principal but: le soin des malades.

Considérons maintenant le but secondaire: l'éducation du personnel. C'est la plainte générale des sanatoriums de constater la pénurie des infirmières dans ce champ d'action; problème épineux qui remonte à plusieurs années dû certainement à la phobie de la maladie mais surtout au manque d'organisation d'un programme d'éducation qui puisse stimuler l'infirmière à augmenter toujours davantage ses connaissances.

Un programme d'orientation servira donc de base à cette éducation de l'infirmière, dont le but est de favoriser une meilleure adaptation avec son maximum de développement personnel, professionnel et social; de favoriser en même temps l'amélioration des soins en nursing, une meilleure administration et d'assurer un entraînement plus économique par la stabilité et la satisfaction du personnel. Des conférences individuelles et collectives, un manuel d'administration, une technique écrite, sont les moyens indispensables pour réaliser ce programme d'orientation.

Parmi les conférences individuelles, il faut signaler d'une manière spéciale l'entrevue. La directrice du nursing ou son assistante reçoit elle-même l'infirmière et lui explique le but de l'organisation de l'hôpital pour lui donner des explications supplémentaires concernant les divers départements. A son tour, l'hospitalière du département ou son assistante lui donne les renseignements concernant son service et lui explique les notions élémentaires de la technique.

Elle lui assigne ses malades et lui fait connaître les particularités de chacun. Elle appuie surtout sur la compréhension et la psychologie du tuberculeux et encourage l'infirmière à acquérir des connaissances nécessaires au moyen de lectures et conférences traitant de ces malades et de leurs problèmes. L'hospitalière insiste sur l'importance de l'éducation du malade et sur les responsabilités de l'infirmière concernant ce devoir. Celle-ci trouvera les renseignements nécessaires dans la technique du sanatorium, le guide du patient, et les principaux livres traitant

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du nursing en tuberculose.

L'institutrice clinique doit mettre en évidence les problèmes du nursing se rapportant à l'état des malades, à leurs traitements, à leurs besoins spécifiques et aux soins particuliers à leur donner. Elle sert à mettre en corrélation le soin des malades actuels et les cours qui se rapportent aux principes et à la pratique du nursing. Ces cours doivent être donnés par des spécialistes en cette matière. De plus des conférenciers peuvent être invités afin de traiter d'un point particulier concernant le tuberculeux. Des films cinématographiques peuvent être aussi d'un grand avantage.

Afin de tenir toujours en éveil les facultés intellectuelles de l'infirmière, des symposiums, des clubs de lecture peuvent être organisés sur le nursing, la médecine, la chirurgie thoracique et l'évolution générale de la médecine. Pour captiver l'attention de toutes, ces conférences seront sous la présidence d'un chef; une secrétaire pour inscrire les minutes afin de toujours commencer ces conférences par une petite révision pour les infirmières qui auront été absentes.

Pour favoriser cet enseignement le sanatorium sera pourvu d'une bibliothèque contenant des livres de formation religieuse, morale, sociale et professionnelle. Des revues périodiques telles que *La Garde-Malade Canadienne-française, The Canadian Nurse, Hospital Progress, The American Journal of Nursing* et plusieurs autres seront mises à la disposition des infirmières.

Il est grandement conseillé de libérer quelques infirmières de leur travail afin de leur faciliter les visites des sanatoriums et l'assistance aux conventions pour se mettre à la page des organisations nouvelles des décisions prises tant au point de vue du patient que de l'éducation du personnel; de tels sujets serviraient de matière à discussion parmi le groupe et aideraient à formuler des résolutions qui contribueraient au progrès de tous.

L'un des éléments les plus importants au programme éducatif est l'adaptation de la technique au sanatorium. Cette importance se déduit des buts même de la technique qui sont:

1. Faire comprendre au personnel hospitalier le rôle important du nursing en tuberculose, lequel doit faire bénéficier le patient du plus grand confort possible.
2. Faire acquérir des connaissances supplémentaires, donner une préparation adéquate à celles qui se destinent aux soins des personnes souffrant de maladies pulmonaires et ainsi faciliter le travail en le rendant plus agréable.
3. Apprendre à se protéger par la mise en pratique de procédés techniques propres à éviter la contamination.
4. Rendre l'infirmière capable de faire l'éducation du patient par l'enseignement de mesures préventives qui d'une part assureront la protection de sa famille, de ses amis, et du personnel hospitalier pendant son hospitalisation et d'autre part, lui feront acquérir des habitudes hygiéniques qu'il devra mettre en pratique lors de sa réintégration au foyer.
5. Donner à l'infirmière par la pratique fidèle de chacun des détails, une grande assurance dans son travail et assurer ainsi le maximum de vitesse, compatible avec la plus grande habileté.

Pour réaliser ces buts, il est d'une importance primordiale d'avoir une technique propre au sanatorium qui basée sur les principes généraux de toute technique, soit parfaitement adaptée à notre milieu.

Il n'est pas suffisant pour une parfaite adaptation que chaque département possède une copie de cette technique mais il faut que l'infirmière reçoive de l'assistante hospitalière les instructions et les démonstrations requises.

Au début l'infirmière a besoin d'une assistance plus continue et d'une surveillance qui l'aide et la guide plus efficacement dans son travail. Mais à mesure qu'elle acquiert une plus grande habileté et une meilleure connaissance de sa technique, l'assistante hospitalière doit la laisser de plus en plus à sa propre initiative. Cependant, toute surveillance ne doit pas être complètement abandonnée et l'hospitalière, d'une manière discrète et sympathique, se rendra compte si l'infirmière est fidèle à sa technique, lui donnant crédit de ce qui est bien fait et la conseillant au besoin en cas de négligence. Lorsque l'infirmière est bien entraînée dans le soin des tuberculeux, elle peut assumer une partie des responsabilités de l'assistante hospitalière concernant la surveillance du personnel auxiliaire hospitalier. C'est un moyen des plus pratiques pour intéresser l'infirmière à son travail que de la rendre ainsi responsable du personnel dans une certaine mesure, en même temps que cela la stimule à accomplir d'une manière plus parfaite les divers points de sa technique.

L'un de ces points principaux est la mise en pratique des techniques propres à éviter la contamination. Comment l'infirmière se protégera-t-elle elle-même? Par le port du masque dans des circonstances bien déterminées, le port de la blouse dès l'arrivée au département, et le lavage des mains après la manipulation des objets contaminés. Il faut que l'infirmière soit convaincue de l'importance de ces diverses précautions afin que toujours dans son travail elle y soit fidèle comme aux premiers jours de son entraînement. Il ne faut pas que cette dernière, par le contact habituel qu'elle a avec les tuberculeux en vienne à considérer ces détails comme superflus par des imprudences, et s'expose à la contamination. De plus l'infirmière a la responsabilité de faire l'éducation du patient. La technique lui indique ce que comporte cet enseignement qui doit commencer dès l'admission du malade. L'infirmière ne doit pas considérer que ses obligations sont remplies lorsqu'elle a donné quelques explications au patient à son arrivée.

Cette éducation est un travail qui se poursuit durant tout le séjour du malade au sanatorium. L'éducation du malade comprend toutes les mesures préventives que celui-ci doit observer dans sa vie journalière afin de se protéger lui-même ainsi que son entourage, les conditions à remplir pour retirer de sa cure le plus grand bénéfice possible, les soins d'hygiène et l'alimentation, enfin la manière de reprendre progressivement l'activité et la possibilité d'une vie normale après la réadaptation au travail.

L'éducation du tuberculeux est un travail de patience et de douceur. L'infirmière ne doit pas se lasser de revenir sur les enseignements déjà donnés. Elle doit se rappeler que la tuberculose est une maladie qui régresse très lentement, le malade qui en est atteint, est porté par la force même des choses, à oublier les instructions déjà reçues. C'est pourquoi si elle est bien pénétrée des principes de sa technique, l'infirmière saura en tout temps et quand le bien du malade le demande lui redire et lui faire comprendre l'importance des principes déjà enseignés et le tort qu'il se fait en négligeant de les observer.

Enfin la technique fait comprendre au personnel hospitalier le rôle important du nursing en tuberculose. Peu de maladie comme la tuberculose demande de la part de l'infirmière des soins se prolongeant parfois des mois ou même des années. Sans doute ces soins varient selon le degré de gravité de la maladie et l'état du malade; ainsi chez les opérés du poumon, ces soins ne seront pas les mêmes que chez les malades astreints seulement à la cure. Mais chez les uns comme chez les autres les soins doivent viser à une guérison plus prompte tout en assurant aux malades le maximum de confort.

Mais l'infirmière ne remplirait pas parfaitement son rôle au sanatorium, si elle se contentait de donner exactement tous les soins que requiert chaque malade sans y ajouter le don d'elle-même. Le tuberculeux plus que tout autre malade a besoin de soutien et de réconfort dans sa longue épreuve.

L'infirmière, tout en donnant les services professionnels que réclame chacun d'eux, doit apporter le mot qui console, le conseil qui encourage, le sourire qui réchauffe et réjouit.

Ce n'est que par cette complète compréhension du tuberculeux qu'elle accomplira pleinement son rôle en ajoutant à la pratique de la technique l'influence de son coeur compatissant et dévoué.

The brain cells do not increase in number after birth. They do mature a bit but, by the age of six, one's brain is practically "done" — as complete as it will ever be. From age six onward, improvement depends upon how the brain is used, exercised and trained.

Marion Lindeburgh's Corner

A Professional Challenge

The Ascent of Everest — an Analogy

AT THIS TIME, when the world is in such a chaotic state of confusion, and distressing conditions are seriously affecting the physical and mental health of people the world over, the nursing profession is facing a challenge unparalleled in its history. It demands the most and best that nurses can give.

What might that best be? In unison we echo — an unconquerable spirit that reaches to the stars; a heart filled with human sympathy and understanding; a unity of purpose and concentrated efforts in the fulfillment of increasing and expanding responsibilities in this rapidly changing period. Never has there been greater need for scientific knowledge and skillful practice based on humanitarian motives, in fulfilling the role of present-day nursing in its preventive, curative and health-promoting aspects. The challenge is intensified because of the shortage of nursing personnel in all fields of service.

What we have we must hold. We need the combined strength of each of us. We must make the most of every ability within our ranks. As there should be no dissension or disunity in the Christian fellowship established over 19 hundred years ago, so there should be no place for cleavages or isolation in His group of followers. We have put on the "Armor" and we march forward in a united front with the "Captain of our Souls."

The fulfillment of the aims of professional nursing does not depend solely upon adequate resources, facilities and opportunities for purposeful employment but primarily upon the calibre fibre, professional spirit, and high ideals of the individual nurse and the profession as a whole. This introductory statement should be sufficient to provide a "mind set" for what is to follow.

The thrilling story of the ascent of Mt. Everest so graphically and wonderfully recorded by Sir John Hunt, in collaboration with Sir Edmund Hillary himself, leaves a deep impression. The attention of the reader becomes focused upon the many essential factors that made it possible to reach the summit — an heroic struggle of Herculean magnitude claiming its victory.

Those who are not interested in mountain climbing, and think it a senseless undertaking that should not be lauded by enthusiasts, may not have delved into the pages of "The Ascent of Everest." They have not become aware that the story provides a striking analogy for the successful accomplishment of nursing aspirations, and those of other professions as well, in their determined and undaunted efforts to reach the top. By way of supplementation the following excerpts, quoted from an accompanying descriptive statement of the book, will indicate the analogous relationship to those things which characterize professional nursing today.

> This is a story of how . . . men endowed with understanding, stamina, and skill, inspired by an unflinching resolve, reached the top of Everest . . . The ascent of Everest was not the work of one day . . It is in fact a tale of sustained and tenacious endeavor by many, over a long period of time . . . We of the Everest expedition are proud to share the glory with our predecessors . . . This will not be a story of those two men alone . . . Sound and successful climbing is fundamentally a matter of teamwork . . . The ascent of Everest, more than most human ventures, demanded a very high degree of selfless

cooperation. It would be difficult to find a more close-knit team than ours. In this and in the work of our Sherpas lies the immediate secret of our success . . . Adventure can be found in many spheres, not merely upon a mountain and not necessarily physical. Ultimately the justification for climbing Everest will be in the seeking of their Everests by others, stimulated by this event, as we were inspired by others before us. There is always a moon to reach . . . There is no height, no depth, that the spirit of man, guided by a higher spirit, cannot attain.

Is not this last paragraph a master statement? Can we not visualize a member of the nursing profession with pen in hand, inspired and informed of the story of nursing over its years, writing in similar fashion?

It would be enlightening and profitable to review reflectively "The Ascent of Everest" for the purpose of selecting the points applicable to successful nursing organization and function. Some stand out boldly in relation to leadership, planning, teamwork, responsibilities, relationships, and many others, that we might well reconsider in assuring a sturdy, stable and strongly motivated ***nursing expedition.***

Enough has now been said to expose the analogy and to indicate its correlations. But they remain detached and unapplied until a critical study is made of nurses and nursing to which the Everest criteria apply. Constructive criticism precedes constructive and progressive adjustments — so let Everest beckon us to see where we stand.

Before this article appears in print, many recommendations and decisions evolving from deliberation at the recent biennial meeting of the Canadian Nurses' Association will have entered the stage of implementation. Where will they rate in bringing nursing nearer to the summit — across a deep and icy crevasse to begin another ascent? It is important not to slip and fall backwards into the yawning chasm. It consumes too much valuable time and effort on the part of the expedition in getting pulled out, to say nothing of the sense of humiliation and failure to the victim. So, let us move forward cautiously, making a secure foothold with our ice axe, for every step ahead.

To be Continued

Windsor Nurses' Centennial Pageant

IRENE COURTENAY

MARCH, 1953, SAW THE FIRST open meeting of the Women's Participation Committee of the Centennial Festival Committee. Representatives of all women's groups in the city were present to learn about the plans being made for the 100th birthday of Windsor, Ontario. Among the women were four nurses — the director of public health nursing and three representatives of the Windsor Unit, Nursing Sisters' Association of Canada. All were impressed with the plans being made and the very interesting and extensive program proposed for the following year.

The original intention of the nurses was to see where their profession would fit in with the tentative plans. Following the meeting the idea was conceived of having a program about nursing by nurses. Whether it would take the form of a tableau or a pageant was immaterial. The feeling was that since nursing had played an integral part in the growth of the community, it should be portrayed in the manner best suited to show its development. The heads of most of the nursing services were contacted and, with little exception, approval and offer of full support were given. In order that all nurses might be represented and have the opportunity to voice their opinions of such a program, it was agreed that the members of the local chapter of the R.N.A.O. should

(Continued on page 666)

Miss Courtenay was general chairman, Windsor Nurses' Centennial Committee, and is at present with the Chrysler Corporation of Canada Ltd.

News and Echoes

from

Your NATIONAL OFFICE

The Trading Post

THE "TRADING POST" was a corner of much interest at the Biennial Meeting and small groups of nurses could be seen there at any time viewing and discussing the various exhibits.

There was considerable variety in the material presented and in the type of exhibits. One very timely display was that of packs, rolls and pads used in the care of patients with poliomyelitis and we saw many notes being jotted down. "How wonderful to get those intravenous stands out from underfoot," exclaimed one nurse as she viewed the photographic exhibit of the support for intravenous flasks suspended from the ceiling, and another nurse busily wrote down the dimensions of the view box for examining the covers of sterile packs for those minute holes which are so difficult to detect.

The photographs of a new nurses' residence were much admired and considerable interest was displayed in the various handicrafts shown in the social and recreational exhibit prepared by a group of student nurses. The poster display of an orientation program for newly arrived students was very attractive and we are sure that the display of the Indian Health Services would arouse the spirit of adventure and the desire for service in many a young graduate.

The several other displays of practical suggestions for facilitating nursing care and the displays of general information were all studied with interest and care and much appreciation was expressed for the time and effort which had gone into the preparation of the exhibits. We at National Office would like to add our word of thanks and appreciation, too, to the many nurses and others who worked so hard to make the "Trading Post" a success.

The C.N.A. Committee and Budget Structure

With the acceptance of the new budget plan and budget for 1954 to 1956 by the general membership of the Canadian Nurses' Association, your staff at National Office now has the responsibility of implementing the recommendations. Working closely with the new committees on Nursing Service, Nursing Education and Publicity and Public Relations, it will be necessary for them to coordinate previously rather isolated activities in such a way that all C.N.A. interest groups will work together for the welfare of nursing in general and for their own groups in particular.

We have been fortunate that, from its inception, our professional nursing organization has represented all phases of nursing. Through this unity has come a strength which nursing associations in other countries have looked upon with envy. Our new committee and budget structure will increase this if we bear in mind that the ultimate objective of all the groups within our association is a high calibre of nursing service to the people of Canada.

Although there is a committee concerning itself primarily with nursing service and one with nursing education, there can be no fine distinction between the two. Every nurse in Canada, no matter what her work, has an interest in each and each has an interest in her. In this way there will be a coordination of effort in all fields, with working committees of interested members being formed to carry out specific projects under the guidance of the appropriate national committee on service or education.

No virtue is safe which is not enthusiastic. — SIR J. SEELEY.

Nouvelles et Echos

NOTRE COMITÉ DE BUDGET

MAINTENANT QUE LES MEMBRES de l'Association des Infirmières Canadiennes ont accepté, lors de l'assemblée générale, les plans pour le nouveau budget et le budget proposé pour 1954 à 1956, il reste aux membres du Secrétariat National la responsabilité de l'exécuter selon les recommandations. C'est en travaillant étroitement avec les nouveaux comités du Service du Nursing, de l'Education, de la Publicité et des Relations Extérieures et en coordonnant d'abord les activités, qu'il sera possible pour chaque groupe de travailler ensemble à un but commun: le bien de la profession en général et celui de leur groupe particulier.

Il est heureux que dans l'organisation de notre profession toutes les catégories du nursing aient été représentées. Cette unité constitue une force qui fait l'envie des associations d'infirmières des autres pays. Notre nouveau comité du budget augmentera cette unité si nous gardons présent à l'esprit que le but de toutes les infirmières, à quelque groupe particulier qu'elles appartiennent, est de donner à la population du Canada des services du nursing d'une grande valeur.

Bien qu'il ait un Comité du Service du Nursing et un autre concernant l'éducation des infirmières, il ne peut y avoir une véritable ligne de démarcation entre les deux. Chaque infirmière du Canada quel que soit son travail, a un intérêt dans l'un et l'autre des comités et chaque comité s'intéresse à elle. Ainsi il y aura coordination des efforts dans tous les milieux et des membres seront préparés pour l'exécution de certains projets sous la surveillance du comité national concerné, soit de service du nursing ou de l'éducation.

POSTE DE TRAITE

Le "Poste de Traite" fut un coin bien achalandé durant toute la durée du congrès. On y a vu des infirmières discuter de la valeur des envois exposés, qui étaient d'une grande variété.

Celui concernant la poliomyélite — enveloppements, bandes et coussins — arrivait très à propos. "Merveilleux," de s'écrier une infirmière, en examinant une photographie d'un malade recevant une injection intraveineuse; le flacon de sang était suspendu au plafond. "Plus de ces tiges embarrassantes sur le plancher." Une autre infirmière était très occupée à prendre les dimensions d'une boite permettant d'examiner et de découvrir les trous minuscules des enveloppes des objets stérilisés.

La photographie d'une résidence pour infirmières fut très admirée. Il en fut de même pour les pièces d'artisanat exécutées par les étudiantes-infirmières. Les affiches, illustrant un programme servant à l'orientation pour de nouvelles étudiantes, furent jugées très intéressantes et celles des Services de Santé des Indiens étaient de nature à éveiller l'intérêt et l'esprit d'aventure d'un grand nombre de jeunes infirmières. Les autres objets exposés comprenaient des suggestions pratiques pour faciliter le soin des malades et furent appréciées et étudiées avec soin. Les infirmières se montrèrent reconnaissantes envers celles qui avaient consacré leur temps et leurs efforts à organiser cette exposition.

Nous, du Secrétariat National, nous voulons ajouter notre appréciation et remercier les infirmières et tous ceux qui ont contribué au succès du "Poste de Traite."

The Uncommon Vote

The strength of democracy is that it assures the right of the individual to think for himself. Its weakness lies in the refusal of some individuals to exercise that right. Certainly, men rarely make a blunt declaration of refusal but, if actions speak louder than — or even as loudly as — words, the refusal is present just the same.

From a representative list of cities across Canada, Quebec City was the only one which polled over 60 per cent of its electorate at its last municipal elections. Halifax, London, and Vancouver each polled less than 50 per cent, Toronto and Montreal less than 40 per cent. Calgary polled 20 per cent of its electorate and Edmonton 12.5 per cent. Even at the last federal elections, one out of every four voters was missing from the polling booths.

Annual Meeting in Saskatchewan

THE 37TH ANNUAL MEETING of the Saskatchewan Registered Nurses' Association was held in the Hotel Saskatchewan, Regina, on May 13 and 14, 1954. Miss Grace Motta, president, presided at all sessions. Following the invocation, given by the Rev. G. Struthers of Carmichael United Church, Regina, the delegates were welcomed by His Worship, Mayor Leslie Hammond.

The presidential address was built around the theme, "Responsibility." Miss Motta showed how the individual nurse's and the professional association's responsibilities run parallel. As the individual nurse is a member of her professional organisation and as it is *her* association she, as an individual, is responsible for it and must share responsibility for both its successes and its failures.

The executive secretary in her report spoke of the International Congress of Nurses in Brazil in July, 1953; meetings of the C.N.A. executive; S.R.N.A. Council meetings; the Western Canada Hospital Institute; the centralized lecture program for nursing students; the cost study in nursing education; bursaries for graduate study and financial assistance for nursing students; an institute provided for nurses by the Canadian Mental Health Association, Saskatchewan Division; an institute held in April, 1954, to train key personnel in the nursing care of acute poliomyelitis so they in turn may give this instruction to others; examinations; briefs submitted; representation of the S.R.N.A. in other agencies; rural hospital visits; membership; and the appointment of Mrs. Ella Donnelly as assistant registrar.

Guest speakers during the annual meeting included Miss Mary Quarmby, instructor in nursing education and member of the project staff studying team organization and functioning from Teachers College. She spoke on "Basic Considerations in the Organization and Functioning of Team Nursing." Following her address Miss Lucy Willis introduced a full afternoon's program on team nursing and then proceeded to show the film "Team Nursing" produced by the Johnson and Johnson Company. Following this a nursing team from Regina Grey Nuns' Hospital under head nurse Mrs. Clara Perry, with Mrs. Rita Folk as team leader, presented their reaction as members of a team giving team nursing care. To conclude this session, a panel with Miss Lucy Willis as moderator and consisting of Miss Quarmby, Mrs. Perry, Miss Helen Talpash and Miss Peggy McLeod answered questions presented to them by the general assembly.

Miss Jean Storey, directress of health and physical education, Balfour Technical School, Regina, gave a most interesting, helpful address and demonstration on "Body Mechanics in Nursing."

The address on "The Nurse and the Law" presented by Chief Justice Nelles V. Buchanan of Edmonton was acclaimed as thoroughly stimulating and thought-provoking by all those who heard it.

The North Battleford Chapter of the S.R.N.A. presented an excellent dramatized case study entitled "The Emotional Problems of a Patient." Participants included Misses Melba Richardson, Jessie Morton, Olive Russell, Alice Mills, Anne James and Mrs. Phyllis Winfield.

The three standing committees met in separate sessions the morning of May 14. The Institutional Nursing Committee, under the chairmanship of Miss Mary Mackenzie, dealt with the theme "Nursing Service in the Small Hospital" with Miss Patricia McGrath speaking on the subject as seen by the nursing consultant to hospitals, Miss Ruby Ganton dealing with problems as seen by the superintendent of nursing, Miss Avis Haug for the staff nurse and Miss P. Lorraine Wright as an instructor of nursing assistants.

The Public Health Nursing Committee, under the chairmanship of Mrs. Helen Fletcher, heard an excellent address delivered by Dr. M. G. Israels, director of medical education, Regina General Hospital, on "Poliomyelitis and its Treatment" followed by a résumé by Miss Dorothy Hopkins of the institute on nursing care in poliomyelitis. The Private Nursing Committee, chaired by acting chairman, Mrs. Mary Sibbitt, discussed some rather urgent problems relative to private duty nursing. These nurses then joined either the Institutional or Public Health Nursing committees for their educational programs.

On the second morning there was a special session for student nurse delegates. Chaired by Miss Catherine Kenney, science instructor, Regina Grey Nuns' School of Nursing, the address by Miss Rowena Hawkings, health educator, Division of Health Education, Provincial Department of Public Health, Regina, on "Personality through Speech" proved most enjoyable to all.

The final afternoon session was given over to discussion of material to go before the biennial meeting of the C.N.A. in June, 1954, so that voting delegates might be instructed as to the wishes of the membership of the S.R.N.A. whom they represent; selecting voting delegates; receiving the report of the Resolutions Committee and generally tidying up the business of the association for another year.

Mrs. Emma Sharpe and the other members of the Arrangements Committee assumed responsibility for all social activities. Co-hostess chapters were Estevan, Moose Jaw, Qu'Appelle Valley, Regina, Swift Current, Weyburn and Yorkton. The luncheon on the first day was unquestionably a major success. In addition to the delicious food, it proved to be a delightful social time. The address by Premier T. C. Douglas, on "Saskatchewan — Future Unlimited," — a gripping, challenging story of the development of our province, was thoroughly enjoyed by all. The coffee party held in the solarium of Regina Grey Nuns' Hospital that evening was an equally enjoyable event. It was on this occasion that Mrs. Mary Booth of MacLean, Sask., presented certain treasures, formerly the property of Miss Florence Nightingale, to the provincial association.

Prior to the annual meeting a ballot was mailed to all members of the association. It resulted in the following officers being elected to the Council for 1954-55: President, Miss Grace Motta; vice-presidents, Miss Mary Earnshaw, Miss Lucy Willis; councillor, Miss Gertrude James; committee chairmen: institutional nursing, Miss Mary Mackenzie; public health nursing, Miss Dorothy Hopkins; private nursing, Miss Emily Robinson.

LOLA WILSON
Executive Secretary.

In Memoriam

Aurelia Blanche Banks, a native of Nova Scotia who graduated from Rhode Island Hospital, Providence, died on May 2, 1954, following an illness of several months. Miss Banks worked in the United States for 30 years before returning to her native province where she engaged in private nursing in Halifax.

* * *

Lottie (MacDougall) Beck, a graduate of the General Hospital, St. Catharines, Ont., died in Dearborn, Mich., on June 2, 1954. Mrs. Beck's professional activity was all centred in the United States.

* * *

Alice (Newsham) Cochrane, a British graduate who had resided in Alberta since 1926, died in May, 1954, at the age of 72.

* * *

Anne Munro Colquhoun, who graduated from The Montreal General Hospital in 1892, died at Montreal on May 7, 1954, at the age of 91 years. Active in private nursing for a great many years, Miss Colquhoun always was vitally interested in our professional organizations. She was one of the first members of the Montreal Graduate Nurses' Association and served as president of that organization in its early years.

* * *

Elizabeth (Davidson) Cook, who graduated from the Toronto General Hospital in 1905, died at Fort William, Ont., on May 31, 1954. She had been in poor health for

MISS ANNE COLQUHOUN

some time. Going to Fort William in 1906, she was put in charge of the emergency wing at McKellar Hospital. In 1907 she assumed the responsibilities of superintendent, resigning to be married in 1911. Mrs. Cook organized and was the first president of the Thunder Bay Graduate Nurses' Association.

* * *

Margaret A. (Montgomery) Curry, who graduated from the Winnipeg General Hospital in 1943, died there on May 22, 1954.

* * *

Gertrude P. Garvin, a native of Ontario who received her training at the Boston City Hospital, died recently after a lengthy illness. Miss Garvin served overseas with the American Army Nurse Corps during World War I, receiving decorations for her work. Following her return to Canada she joined the staff of Strathcona Hospital, Ottawa, retiring in 1938 from the post of superintendent of nurses.

Margaret M. (Owens) Lewis, who nursed in the Timiskaming area in northern Ontario in the early days when the first settlers were opening up the country, died on May 9, 1954.

* * *

Katherine Ann McMillan, who graduated from the General Hospital, Stratford, Ont., in 1914, died in Hamilton, Ont., on April 15, 1954, in her 64th year. Following graduation, Miss McMillan took post-graduate work in Chicago. She returned to Ontario where she worked in the hospital in many centres. For a time she was superintendent of the Listowel Memorial Hospital.

* * *

Mary Edna (Drummond) Watt, who graduated from the General Hospital, Cornwall, Ont., in 1918, died on May 2, 1954, in her 68th year. Mrs. Watt had worked in several centres in the United States and in western Canada.

Colombo Nurses

As a sequel to the visit to Ceylon in 1951 of an eminent British surgeon, whose services were provided by the British government under the Technical Cooperation Scheme of the Colombo Plan, Britain is now

(Continued on page 673)

Central Office of Information Photo, Crown Copyright Reserved.

THE CEYLONESE GIRLS WEAR THEIR SARIS WHEN OFF DUTY.

Student Nurses

Chorea

JEAN MARTELL

PATSY, AGE 10 YEARS, was admitted to hospital on June 6. She was a pale, unhappy looking child who answered questions quickly and intelligently. She had never been hospitalized before. The constant writhing movements of her arms and legs with definite facial grimaces suggested the diagnosis of chorea.

There are various explanations for the occurrence of chorea, a disease affecting the voluntary muscles of the body. Perhaps the most prevalent and acceptable is that chorea is a manifestation of rheumatic infection which is caused by a preceding streptococcal infection. This rheumatic infection attacks that part of the brain which controls voluntary muscles thereby giving rise to symptoms of incoordination, muscular twitching, complete muscular weakness, speech difficulty, and so forth. It is interesting to note that climate, environment, and heredity play an important role in the occurrence of chorea. A cold, damp climate, such as is prevalent in parts of Canada, is more conducive to chorea than is the climate in southern countries.

In homes where there are conditions that are adverse to healthful physical and mental development, chorea sometimes follows a rheumatic infection. These factors may be insecurity, overprotection, overagressiveness, misdirected ambitions, and others. These may be the cause of emotional upset in a child and it has been proved that such children are prone to chorea. Such emotional instability may also be inherited as is sometimes the case in nervous, overly active children.

HISTORY OF PATSY

She has always been very active; has never slept well or had a good appetite. Apart from that her general health has been satisfactory, excepting that she has always been quite nervous. She has often been frightened at night and is usually afraid of the dark. She seems to be overserious about her studies giving evidence recently of worrying over exams and her position in the class. Another unnatural manifestation for a child of her age is an exaggerated devotion to religion. Patsy does not have any brothers but she has a sister, four years younger, who is in good health. There is a very good relationship between the two; she has never given any evidence of resenting her younger sister nor of being jealous of her. Her mother has been in poor health and neurotic over the past two years during which time she has been under the care of a psychiatrist. Her father appears to be in good health. His attitude toward Patsy accounts to a great extent for her emotional insecurity for he is overprotective where she is concerned. He takes great pride in her scholarly ambitions; he has satisfied her every whim and watches her closely at all times.

There are no significant findings of heart disease or chorea in the family history. Patsy had a sore throat with a cold about one week before the onset of her condition and a severe nosebleed the day before her admission to the hospital. During this time, her parents noticed that she was more fidgety than usual; she developed twitching movements of her arms and legs and her speech became slurred. She appeared very unhappy, cried a great deal, and recoiled from seeing people. As these symptoms became more pronounced her doctor advised hospitalization.

On admission Patsy had irregular twitchings occurring in both upper and lower extremities — her movements being quite purposeless. She would laugh

---

Miss Martel is a student nurse at St. Martha's Hospital, Antigonish, N.S.

and cry alternately; she would smile when spoken to but would quickly take on the so-called "poker-face" expression. Her pupils were widely dilated. Her temperature was normal but her pulse was very rapid — 140 per minute. Her pulse remained abnormally rapid for a period of days, so much so that it was almost impossible to count it. Taking the pulse was further complicated by her twitching movements. Her blood pressure was within normal range.

MEDICAL CARE

Since chorea is considered a manifestation of rheumatic infection, information concerning the heart functioning has to be obtained first, as there is frequently heart involvement following rheumatic infection. An x-ray showed cardiac enlargement while an electrocardiograph gave evidence of sinus tachycardia but no other apparent heart disease.

Routine blood tests were done which revealed pertinent information. The red cell count was 3,900,000 per cu. mm. (normal is 4,500,000); the white blood count was 13,500 per cu. mm. (normal is 7,000-9,000); the neutrophils, of which there are generally 65 present in every 100 cells, were 80 cells to the 100. Her sedimentation rate was 81 mm./hr. (normal is 8-10 mm./hr. The elevated neutrophil percentage and sedimentation rate are indicative of rheumatic infection.

In view of these facts, it was the doctor's primary concern to treat Patsy for her cardiac condition. She was put on complete bed rest; every effort was made to ensure this. Sedation was ordered in the form of phenobarbital gr. ¼.

Patsy's twitching movements became more pronounced. Additional muscles became involved, particularly those about the throat so that eventually she had difficulty in swallowing. Her general condition became much weaker, her speech became more slurred and she was eventually unable to hold her head up. Her weakness may have resulted from her increased energy consumption in addition to the fact that she was taking very little nourishment. The day after her admission, her temperature rose to 102°, returning to normal within three days. Her pulse continued to be very rapid. Sodium salicylate was ordered to reduce the elevated temperature and to help regulate the pulse. These tablets being large in size presented another problem because of Patsy's swallowing difficulty. Her prescription was changed to Dispirin, gm. 2 in water, four times daily. With the above treatment, her condition improved gradually to the point where she was able to sit up unaided, hold her head erect without too much difficulty. Eventually the choreic movements lessened but did not abate entirely.

Up to this time, Patsy was in a private room, under the care of three private duty nurses for the 24-hour period. These factors only served to enhance her response to over-protectiveness. She received visits from her parents quite frequently, particularly her father. His visits left her emotionally upset. Once a marked degree of improvement was noted, it was decided to transfer her to the children's ward.

The blood tests were repeated on June 15 and 23. The first report showed her red cell, white cell, and hemoglobin figures to be within normal range. The neutrophil count dropped to 41 per cent. The prolonged elevated sedimentation rate had dropped to 38 mm./hr. This showed that her infection was clearing up, indicating physical improvement. However, her mental condition was far from improved, as Patsy did not adjust well to the children's ward. Visits from her parents were lessened; this factor only served to increase her emotional insecurity. Her father missed the visits, too, and so he wished her transferred back to a private room where he could visit her at will. Rather than precipitate a relapse by keeping her in the children's ward against her wishes, (even though it was realized that living in a ward with other children might help to bring her back to normal sooner), she was taken back to her private room. Improvement soon manifested itself again. Other than occasional twitchings and grimaces, few traces of her choreic condition could be seen.

NURSING CARE

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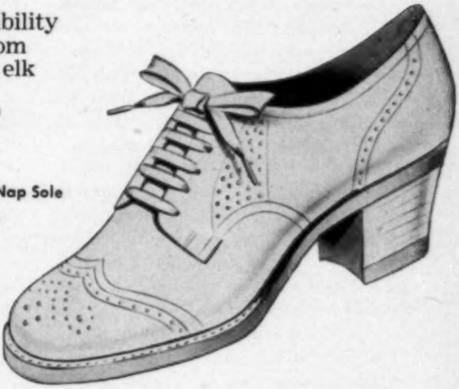

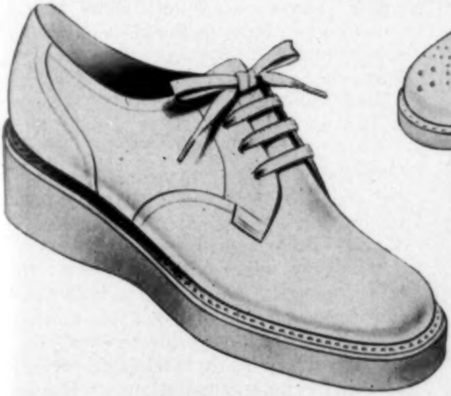

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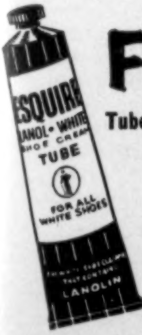

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of setting up a good patient-nurse relationship from the very onset of the illness. Patsy and her parents cooperated in all matters and we feel sure that this played an important part in helping Patsy to recover. We were also taught the importance of rest for a patient with rheumatic infection, so when Patsy was acutely ill she was given every opportunity to rest through a planned program. Patsy's tossing movements caused skin irritation in certain pressure areas, especially the elbows and heels, so these required special care. We massaged them frequently and bandaged them.

As Patsy's chorea symptoms became less apparent, the problem of rest heightened. We tried to limit her activity by encouraging her to read. This did not present too much of a problem, as she is a great lover of reading, even at 10 years of age. As her condition improved she was allowed to do simple embroidery work. Children's programs on the radio provided another pastime for her. She enjoyed working at a coloring book. It was arranged to have a nurses' aide help her with her work and read to her at intervals. During certain periods of the day she was not disturbed at all. In this way she got adequate rest and at the same time her "wake hours" were varied with activity.

One hindrance to Patsy's complete return to health was her poor appetite. The dietitian visited her regularly, discussing her food likes and dislikes with her. In this way we all worked together to provide variation in diet, treats and surprises for her. Gradually she progressed to eating a hearty meal.

We realize that children need affection and security. Knowing her situation in the home where she was undoubtedly overprotected, we knew that it would be part of our nursing care to give Patsy extra attention. In this matter our supervisors have been most helpful. They showed us how to make her feel that she was just as important in the hospital as she has always been in her own family circle. At the same time we had to make her feel that her position in the home is still secure and will be maintained as long as she is away from it. Her parents helped us in this regard by explaining to Patsy the need for being hospitalized while ill. They further explained that visits could only be on week-ends because of their distance from the hospital. She accepted these explanations favorably and made herself more content. She looked forward to the week-ends and always had stories of the week's happenings ready to relate to her parents. Between visits they telephone and the messages are relayed to her. When her condition permits it, she will be allowed to take the calls herself.

We feels that Patsy has adjusted herself very well to being hospitalized because we, ourselves, have been given a thorough understanding of her individual needs. At the present time her case is not far enough advanced for a complete prognosis to be determined but her doctor feels that with adequate treatment, good nutrition, and sufficient rest, she will be able to return to normal living within a few months.

SUMMARY

It was interesting to follow the progress of this case. It gave me great satisfaction to see that one so acutely ill could be brought far along the road to recovery in such a short time. It was interesting, too, to learn how this child's background — her emotional insecurity, the overprotectiveness on her father's part, her religious devotion, her scholarly ambitions — had a bearing on her condition. Knowing this, it was easier to understand her resentment to the children's ward, her unfavorable reactions after her parents' visits, and so forth. To have seen the value of a planned rehabilitation program in this regard has further added to my knowledge.

Public health is not found in the health department but in the mental attitudes, customs, and sets of values of the people. People need to be concerned rather with their community as a whole than with public health.

— *Journal of the American Medical Association.*

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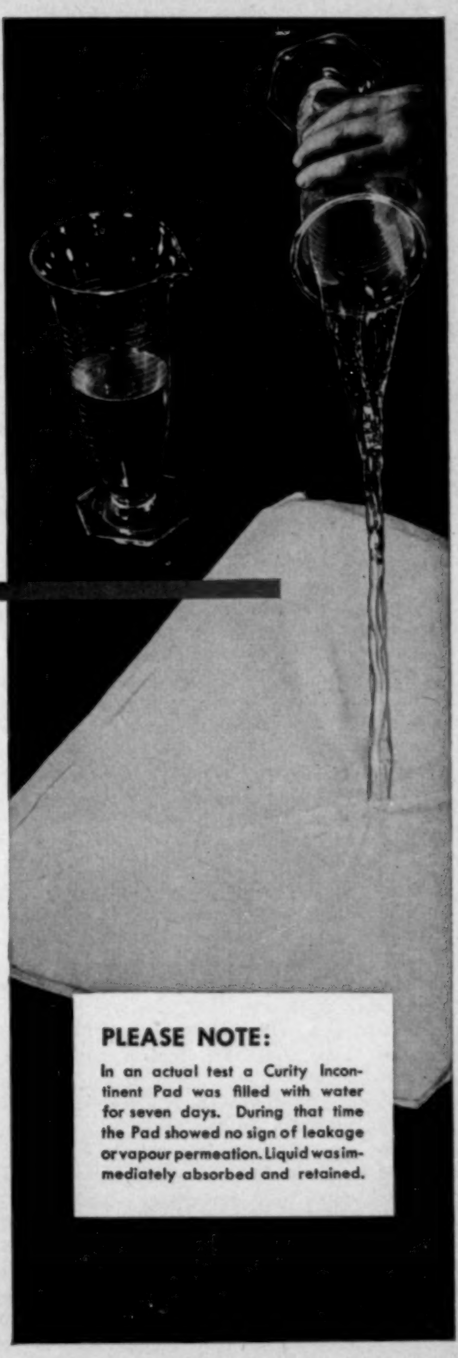

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Book Reviews

Children from Seeds to Saplings, by Martha May Reynolds. 334 pages. McGraw-Hill Co. of Canada Ltd., 253 Spadina Rd., Toronto 4. 2nd Ed. 1951. Price $5 20.
Reviewed by Gertrude J. Crosby, Acting Supervisor of Nurses, Dept. of Public Health & Welfare, Halifax.

As the title implies, this book includes the development of children from conception till adolescence. This coverage deals not only with the physical and mental growth but shows what environment and human relations contribute to this process. The author does not attempt to tell us what each age group is going to do and how to solve problems if they do not conform. She does, however, give us direction in what to look for and firmly implants in our minds that each child is an individual personality and must be treated as such.

The book is excellent for any professional person interested in the field of child welfare. Its challenge lies in showing us how to study children and giving us a definite awareness of a child's development and the differences that accompany it. This is clearly shown in the chapters Early Adolescence and Almost Grown Up.

For the average parent, this book would not be too helpful. They are usually looking for quick solutions to their problems with their children. For a parent study group or for professional workers it would be very useful for it shows us how to study the child and find out his needs. By thus understanding him we can help him along the road to a happier fuller life.

Textbook of Neurosurgical Nursing, by Walter G. Haynes, M.D., and Mary McGuire, R.N. 178 pages. McAinsh & Co. Ltd., 1251 Yonge St., Toronto 7. 1952. Price $3.50.
Reviewed by Marian E. Hill, City Hospital, Saskatoon, Sask.

The purpose of writing this book, as stated by the authors, is "to deliver to the student nurse basic concepts necessary for the intelligent approach to a highly specialized field . . . and to promote interest in the specialty among nurses." The topics, as presented, awaken enthusiasm in this fascinating and relatively new field.

The first two chapters clearly and concisely deal with the more significant aspects of the anatomy and physiology of the central nervous system, spinal cord, peripheral nerves, and the autonomic nervous system. The diagrams, supplementing the text, prove most helpful. Several chapters are devoted briefly and concretely to the pathology, symptomatology, and examination of the central nervous system.

While much attention is given to the technical aspects of neurosurgery and neurosurgical technique, relatively little space is devoted to actual nursing measures. Despite the fact that the opening chapter under this section points out what well might furnish the key to neurological nursing, the follow-up as to the necessary observations and nursing care is very limited and sketchy. Observation and accurate recording are most important in this specialized field and all nurses need much guidance before accuracy or a semblance to perfection of observation is effected.

Varied nursing problems, including admission of patients and care during convulsions, come under consideration but such important topics as the operation and care of tidal drainages, positioning of accident cases and craniotomies, nursing care for broken backs, laminectomies, and others receive little or no mention.

Neurosurgical nursing is a new and rapidly expanding field. Students and graduates alike need to learn or to be reminded of the many new applications of the old principles which make up this specialized and vital field of nursing care. Any book on neurosurgical nursing which does not elaborate on the actual nursing care, however obvious it may appear, would seem to have failed in its endeavors. This book, while interesting, leaves much to be desired from the point of view of nursing care.

Efforts at health education centred in schools or industrial plants may be useful, but only when they send a person back to his family prepared to adjust differences in concepts of the requirements for health and to be a health organizer in his family. If the person is not so prepared, the cost in tension and frustration can outweigh any advantage gained.

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WINDSOR NURSES' CENTENNIAL PAGEANT

(Continued from page 653)

be asked if they would form the nucleus for this project until such time as a self-supporting committee could be formed.

This was done. The Chapter executive, together with a representative from each nursing group in town, met frequently and discussed the pros and cons of such an extensive program. Doubts were common but so was enthusiasm. Each offset the other and kept the plans on an even keel — neither too optimistic nor yet sufficiently pessimistic for planning to cease entirely.

With the approval of the nursing representatives, tentative plans were submitted to the Centennial Festival Committee, through the Women's Participation Committee, for permission to be a part of the Centennial Program. There was a little doubt at first as to whether the nurses were a strong enough group to present such a program. Finally, permission was granted. The nurses learned later that because of the type of program they were planning, they were not eligible for financial or other assistance from the Centennial Festival Committee. Our program had to be scheduled for February, March or April, 1954, in order to fit into the rest of the programs.

Facilities for producing such a presentation were extremely poor. One of the aims of the Windsor Centennial Festival Inc. is the building of a civic auditorium." Finally Walkerville Collegiate Auditorium was decided upon. It was discovered that several outstanding events were being held there in April and we were strongly advised to choose another month for our production. Since the nurses felt February was too early, the dates of March 11 and 12 were settled on. Pressure of time would not allow for red tape and unnecessary meetings so the nurses decided to be entirely self-sustaining and to carry the complete program themselves.

Two open meetings of all nurses were called by the R.N.A.O. executive. Plans were submitted and approved for:

1. The presentation of a program showing the development of nursing in Windsor during the past one hundred years.

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2. An admission charge for the presentation.

3. A bursary to be established with the proceeds to enable a high school student to enter training, this to be known as "The Windsor Nurses' Centennial Bursary."

A general chairman was chosen, then the remainder of the executive was nominated. Plans were made for a central committee, composed of one nurse from each of the 12 local nursing organizations. An advisory committee was then elected with the director of public health nursing as convener, the supervisor of V.O.N., superintendent of Grace Hospital, and chief instructor, Hotel Dieu, as co-workers.

Work rapidly got under way. Meetings of the special committee were held every month, even during the summer. Long-term plans were made which, because of the human element involved, did not always materialize. However, where some failed, others did twice as well, again keeping the program as a whole in balance.

To offset the inevitable expenses prior to the presentation of the pageant and to ensure that sufficient money would be on hand for the bursary, the organizations agreed to contribute to a special fund. No specific amount was decided upon, the size of the donation being left to each organization. Nursing groups with established bank accounts contributed lump sums; other organizations contributed through individual donations. The sum of $520 was realized. It was agreed that each organization would form small sub-committees who would either work within the group or would serve on larger committees to be formed later as needed. These sub-committees were assigned as follows: (1) Historical Research; (2) Literary Committee; (3) Costume Committee; (4) Properties Committee; (5) Make-up Committee; (6) Participation Committee (actual performers).

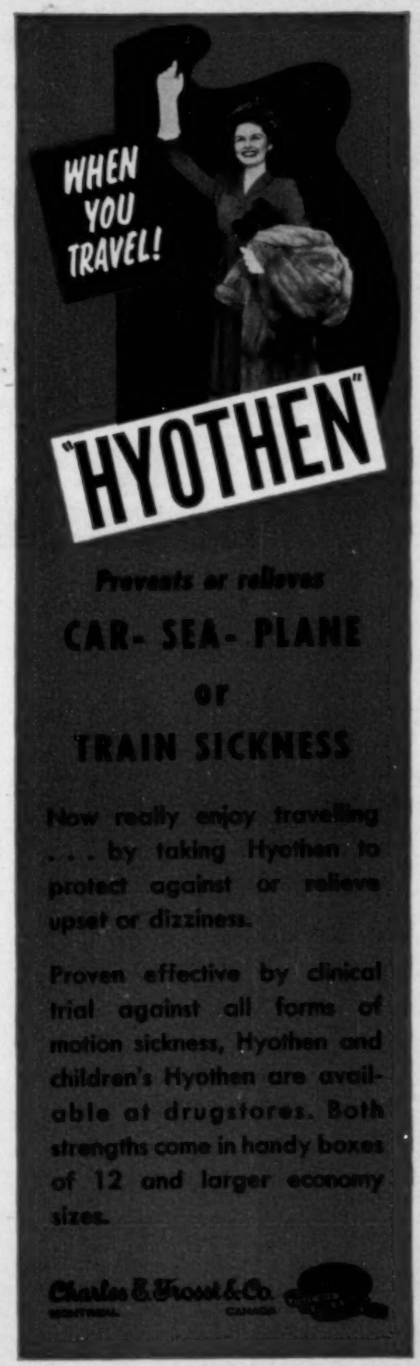
July and August found us working steadily on "historical research." Histories had to be compiled and submitted to the executive by the middle of September. In the meantime, Margerie Scott, a local author, was approached. After attending a committee meeting and scanning the histories, she agreed to write the script for us. Mrs. Scott suggested that the scenes should be built around events with the most dramatic appeal, rather than to present a quantity of dry data.

Meetings were held to hear the script read. The author, being a very versatile person with many years acting and production experience in the legitimate theatre, gave a very dramatic presentation of our now famous "Beyond All Recompense." Needless to say the script was most enthusiastically received. We could see our history coming to life before our eyes with a warmth and humaneness that we could all appreciate.

At the first reading, James Benton, director of the Windsor Civic Players and also director for Windsor's large historical pageant, was present. He informed us of the problems and work involved in presenting such a pageant. We discovered that even by using ingenuity and all available resources plus the good-natured assistance of all who were to eventually help us for very nominal fees, or more often for no fee at all, our minimum budget would come to just over $1,000! With some 170 characters in the pageant, mimeographing at least 50 copies of the script was imperative. Cutting the stencils alone would cost $55 and this little item had not been included in the budget! To keep expenses down we did our own work, prevailing on anyone who could type to help.

Finally our stencils were ready and with the kind cooperation of one of the local hospitals, we were able to "run off" our copies. We assembled them only to tear them apart again so that all could have their "lines." We discovered that although we had our script writer, director and small sub-committees ready for work, we needed an assistant director, stage manager, production manager, and orchestra, not to mention stagehands, male actors, children and others. We were horrified at all these demands. However, we discovered that the duties of assistant director and production manager could be undertaken by nurses. We were most fortunate in having Laura Barr consent to act as assistant director and Dorothy Colquhoun as production manager, both positions being ably filled as all will agree who saw the finished production.

An organization chart was drawn up so that all would have the opportunity of being familiar with our plans. For those actively engaged in the production it meant a greater comprehension of the whole program. While plans for the production were growing, so were our thoughts for those nurses outside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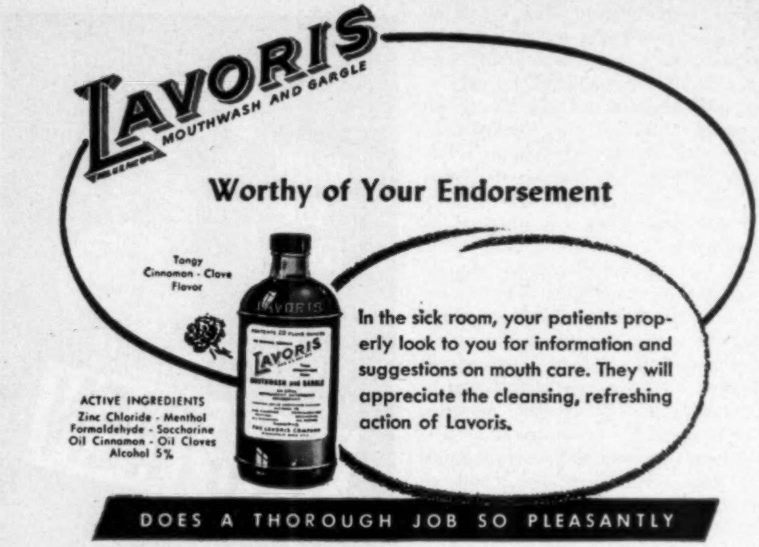

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the city who might be interested in attending our presentation. With this in mind, the suggestion was made that we hold a tea on an afternoon preceding the pageant to honor outstanding nurses who have contributed to the development of nursing in Windsor and to all our colleagues from out of town. The Florence Nightingale Association offered to convene the tea and cover all expenses in connection with it. The Nurses' Centennial Committee was greatly relieved when this offer was made.

Next came our casting meetings. The problem we were all aware of, and had been dreading, came to the fore — shift work. The script called for over 100 nurses, at least 40 men and numerous children. This number had to be augmented by fairly large crowd scenes. Our first meeting consisted of 26 nurses and no men! The second had 29 nurses and 6 men although 22 had promised to attend. Following each casting session a short rehearsal was held.

At the third rehearsal there were only 3 of the original men and only 12 nurses! Things were definitely becoming desperate. Christmas and New Year's were looming and then there were only two and a half months left before the show was to be presented. Rehearsal was dismissed as there were not sufficient people present for even one scene. The committee was given the choice of producing enough people, having the script rewritten to fit the number of people willing to participate, or calling the whole thing off. By then our program was being included in the souvenir program and had appeared in large letters on Windsor's main street with the complete program for the year. Letters were sent to all who had promised to help in the cast, phone calls were made, articles appeared in the newspaper, and requests for cast made over local radio stations.

Our next casting meeting was a success! While we still didn't have enough people we had sufficient that, with a few taking two or more roles, our script was cast! At the next rehearsal people were again missing. Minor alterations were made in the script to eliminate approximately 20 characters. So it went on, always a few not present! We began to wonder if we would ever have a complete cast together at one time, even on the nights of actual presentation. The script was divided into two sections, each half being rehearsed twice a week. This meant that the director and those members of the cast appearing in both sections of the script attended rehearsals four times a week. To those who participated we shall be eternally grateful, especially to the men who received no glory, — only hard work. We hope they had fun, too. To these people belongs the success of the show, the thrill of a job well done.

While work with the cast was progressing problems developed in the production department. Out of 23 people who signed up to procure or make costumes only one was able to be present. Finally a small but very active and efficient committee of 10 got busy and produced some 140 costumes in just over one month. Many of the nurses made their own costumes, a few were borrowed, 28 were hired and the rest were either remodeled or made completely from pictures or sketches of authentic costumes obtained from the public library, family albums, newspaper files, in fact anywhere a picture of period costume was likely to be found. Uniforms, at first thought the easiest to procure, were in some cases just not to be found! A few of the uniforms that had to be made included: Florence Nightingale's attire, Hotel Dieu 1911 graduating class, World War I nursing sister's dress uniform (navy and scarlet), 1923 public health uniforms, 1927 V.O.N. uniform.

The committee and some of the cast sewed and dyed and ripped and remodeled. Though eyes were tired and fingers sore, though the sewing continued even late in the afternoon of the dress rehearsal, the show went on and all were in costume!

In the meantime, an essay competition was held among fifth year high school students. A special application form was printed and, with the Advisory Committee acting as judges, personal interviews were held with potential bursary applicants. The decision was made to give a bursary for a four-year period (one year pre-nursing course at Assumption University and three years' general training in a local hospital). In return for this the student when graduated would be expected to work for one year in Windsor in the branch of nursing of her choice. It was to be hoped that she would then apply for one of the numerous post-graduate scholarships available and eventually graduate with her degree in nursing.

Back to the pageant, securing furniture, properties, scenery, was a repetition of all that had gone before — few workers, much work but finally, success. The report appearing in the newspapers following the first night's presentation told of a near capacity house that gave us a warm welcome.

There were 25 individual scenes in the production. With a short intermission the two-hour pageant gave a comprehensive outline of the progress of nursing in Windsor.

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It started with midwifery in 1854, followed through two epidemics, led to the construction of a Pest House and later the construction of Hotel Dieu Hospital in 1890. Two wars were included in the script and such fields as industrial nursing, school nursing, and V.O.N. Full play was given to the opening of Grace and Metropolitan hospitals, the Fred Adams Isolation Hospital and East Windsor Hospital, now Riverview.

Although the individual scenes were reasonably self-explanatory, a narrator, Isobel Whiteside, filled in the gaps between eras portrayed in the numerous scenes.

Our show was a success. Moreover, the public enjoyed it! The financial result was amazing. The sale of tickets covered all expenses and a $600 bursary. The money donated by the nurses was distributed — $25 each — to the three runner-up students in the essay competition. A donation of $300 was made to the Windsor Civic Auditorium Fund. When all accounts are settled the remaining money will be given to the R.N.A.O. local chapter to be used as a nucleus for a future bursary.

Elements of a Volunteer Program

Four chief aspects of a good volunteer service program are:

1. *Recruitment* — planned programs to interest people in volunteering their services.

2. *Orientation* — giving new volunteers the information they need to understand the whole program of the agency and the way in which the agency contributes to the community's entire health and welfare program.

3. *Integration* — providing volunteers with well defined jobs which do actually contribute and are important to the agency's services and for which they are adequately prepared and enabled to move from them to more and more responsible jobs.

4. *Recognition* — this implies a realistic and fruitful relationship between staff and volunteers; planned programs which honor volunteers are important because they inform the community of the importance of volunteer service.

— *Montreal Council of Social Agencies*

The heat was so dreadful that I found there was nothing left for it but to take off my flesh and sit in my bones.

— Sydney Smith

Colombo Nurses

(Continued from page 658)

helping Ceylon in the extension of her facilities for the treatment of patients suffering from chest diseases.

Following the surgeon's visit he recommended to the Government of Ceylon the setting-up of a thoracic surgery unit in the teaching division of the Colombo General Hospital. This has now been done, also under the Colombo Plan, by a team of British experts, led by another eminent thoracic surgeon, which is training Ceylonese personnel to work in the unit.

In addition, ten qualified nurses from Ceylon went to British to receive a year's special training in the nursing of chest diseases at the Arlesey branch of the London Chest Hospital in Bedfordshire. At the end of their course, the nurses, three of whom are matrons and six staff nurses, sat for the examination for the Tuberculosis Nursing Certificates of the British Tuberculosis Association held in May, 1954.

On their return to Ceylon the nurses will be employed in tuberculosis hospitals, sanatoria, and thoracic surgery units.

Citizenship education is a continuing, dynamic function of the total school program. This curriculum for citizenship provides a setting where children can experience the privileges and responsibilities of democratic citizenship, can understand the practice of representative government, can participate in the solution of common problems, can gain skill in cooperative action, can test democratic values in action and can explore the human relationships involved in these activities. Such a curriculum necessitates total staff planning and total participation.

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— *A Curriculum for Citizenship — Wayne University Press, 1952.*

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News Notes

ALBERTA

District 7

Edmonton

Thirty-five members were present at a district meeting held in May. The following were chosen to represent their group: D. Wild (Misericordia Hospital), administration; Mrs. H. Engeles (Charles Camsell Indian Hospital), general duty; K. McKnight (University of Alberta Hospital) teaching; I. Marcotte (McColl-Frontenac Oil Co. Ltd.) industrial nurses of Edmonton; Mrs. M. Parks, private duty nurses (member of their executive); Mrs. A. Willie (first president of Stony Plain Chapter); E. Oatway, (Royal Alexandra Hospital) and L. Hall (Edmonton General Hospital), head nurses; B. Lea, (or Mrs. McPhail as substitute), public health.

Miss Fraser's report and copy of a brief submitted by the Local Council of Women to the Government of Alberta were read by the chairman. The latter emphasizes the need for suitable shelter and care of elderly women. At conclusion of business, B. Tomlinson entertained the members by recounting her trip to Cambridge Bay.

Jasper

Preceding the Edith Cavell Chapter meeting held in April, at the home of Mrs. McCague, a film on "The Studies of Human Fertility" was shown. It was decided to subscribe to *The Canadian Nurse* for a two-year period and an interesting discussion was held concerning a part-time health unit in Jasper. After the business session, Mrs. Douglas was presented with a going-away gift.

At a later meeting, there were 12 members and two guests present. Following business, Blanche Emerson gave an interesting talk on public health and suggested that the chapter give classes on home nursing in the fall.

Stony Plain

A regular meeting of the chapter was held in May with 15 members present. The total enrolment now stands at 17. Mr. Jamieson, school commandant for Civil Defence, and Miss L. Kremer, nurse consultant and assistant director of the provincial Civil Defence Health Services, were present. The latter gave an address on Civil Defence work and spoke about the need for nurses, telling of the many refresher courses available. Mr. V. Kotcherofsky, local Civil Defence coordinator, also spoke on the progress being made in this area. Great interest is shown in the home nursing and first aid courses being given. Two films were shown — "Fires of

London" and "Emergency First Aid."

At a later meeting the business of the evening was centred on a discussion of the polio and A.B.C. Warfare courses on which Miss Kremer spoke in May. It was voted that both courses be taken. Miss Cogland of the health unit gave an account of the Salk Polio Vaccine Tests conducted in June and July.

WESTLOCK

At the June meeting of the chapter there were 28 members present. Plans were made for the blood donor clinic and a report of the strawberry tea held in May was given. Five members attended the biennial convention — L. Hammett, Sr. Clarence, and Mmes F. Steininger (chapter delegate), L. Renaud, F. Roberts. Mrs. J. Hatherley thanked the members for their inspiring reports of the convention activities.

BRITISH COLUMBIA

VANCOUVER ISLAND DISTRICT

At a regular meeting of the district, held at Alberni, with representation from all the chapters, Miss McMurray of Victoria reported on the R.N.A.B.C. annual meeting in Vancouver and Dr. Brock Chisholm spoke on the organization of WHO.

NANAIMO

The June meeting of the chapter took the form of a dinner followed by a business meeting, when the fall bursary tea was planned and those in charge of the float in the parade on May 24 were thanked for their support. The evening concluded with the showing of several entertaining films.

NELSON

At a recent meeting of the chapter, the report of E. Corbett on the provincial annual meeting in Vancouver, that she attended as chapter representative along with E. Buran and F. McLean, was excellent. About $35 was realized for the Bursary Fund from the dance held in May. Members planned to assist the Red Cross Blood Clinic as usual this year.

TRAIL

A regular meeting of the chapter was held in June, with D. Mawdsley acting as president in the absence of A. Baker. It was preceded by a talk by F. Moran on giving a scholarship for a student from the high school to train in a hospital in Canada. It was confirmed that the district meeting in the fall would take the form of a buffet supper. Miss Eidt reported that the Civil Defence had been called in to help with the moving to the new hospital.

It was suggested that films be shown at future meetings in place of inviting speakers. Miss Mawdsley gave a report of the R.N.A.B.C. convention in Vancouver and Miss Eidt on the Legislation Committee.

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MANITOBA

BRANDON

Nurses who attended the C.N.A. biennial convention at Banff included: Mmes M. Skene and M. Hannah as delegates from the Association of Graduate Nurses; M. Smart and P. Hinks representing students from the General Hospital; M. Jackson, E. Cranna, Mrs. E. Griffin.

General Hospital

Among the activities centring around graduation were: an afternoon tea, garden party, formal dance, turkey dinner, parent-daughter tea, and bowling party. The highlight, however, was an informal banquet when Miss Jackson, superintendent of nurses, acted as chairman. A poem was read by P. Long while Mrs. E. Griffin and K. Fehr participated in the toast to the new class. Each graduate received a silver spoon from the hospital.

NEW BRUNSWICK

NEWCASTLE

The annual meeting of the Miramichi Chapter in June took the form of a dinner reunion and 68 members were present at the banquet. Special guests, including the guest speaker, Dr E. G. Poser, Department of Mental Health in Fredericton, were: E. Pibus, director of V.O.N. in eastern Canada; and the graduating classes of the Miramichi and Hotel Dieu Hospitals. Dr. Poser congratulated the recent graduates and expressed pleasure in speaking before so large a group of nurses. In his address on "Psychiatry" he stressed the importance of including such a course in the student nurses' curriculum. The toast to the Queen was proposed by Sr. Skidd, chapter president, and that to the graduating classes by Miss MacKenzie, V.O.N. of Chatham, was fittingly responded to, on behalf of both hospitals, by A. Smith.

ONTARIO

DISTRICT 5

TORONTO

Women's College Hospital

Members of the alumnae association feel a well merited sense of pride in the brickwork of the new nurses' residence now under construction for some of those bricks were purchased with money realized from a Talent Drive for that purpose. Support is urged in another such drive to terminate December 31, the objective being $10 per member with the aim of using the proceeds to furnish a room in the new residence.

Phyllis Bryant who, prior to joining the staff of the hospital spent the past year with the V.O.N., has been awarded the Harriet Tremaine Meiklejohn Scholarship for further study at Toronto University. F. Thompson is nursery supervisor at Royal Victoria Hospital, Barrie. M. Cotterill is on the staff of Toronto Western Hospital.

DISTRICT 7

KINGSTON

General Hospital

Graduation exercises for the 60 members of the largest class in the history of the school of nursing were held recently, bringing the roll to a total of 1,617 nurses since the school began with three in 1886. After addresses of welcome by Mr. D. Rankin, chairman of the board of governors, His Worship, Mayor G. Wright, and others, Louise Acton, director of nursing, led the Florence Nightingale Pledge and, with Mrs. J. Edmison, president of the Women's Aid, and S. Finlay, president of the alumnae association, presented the pins and diplomas. Among the prize winners were: J. Jamieson, M. Mainse, B. Boyer, K. Cameron, and B. Smith. The latter won *The Canadian Nurse* Award.

DISTRICT 8

OTTAWA

The general meeting and annual dinner of the district were held on May 12, Florence Nightingale's birthday. The dinner meeting had as chairman, Evelyn Horsey, and Gladys Sharpe, as guest speaker, used for her topic "Citizens of the World." Miss Sharpe, director of nursing at Toronto Western Hospital, was elected C.N.A. president at the biennial convention.

DISTRICT 10

FORT WILLIAM

K. Feisel, chairman, conducted a regular meeting of the district and reported on her visit to the Fort Frances and district chapter when the following officers were installed: Chairman, Mrs. A. Perletti; vice-chairmen, Mrs. S. Thompson, Sr. C. Pelletier; secretary, A. Smits; treasurer, Mrs. D. Kitzel. A tea and dinner party, with 36 members present from outlying districts, was held in honor of Miss Feisel. Other reports were as follows: Mrs. B. Stewart, chairman of Dryden Chapter, on its activities, presenting Miss Connolly with $43 for the bursary fund; D. Adams on the public health nurses' meeting that took the form of a questionnaire and had Dr. Brown as a guest; Miss Feisel on the R.N.A.O. annual convention in Toronto. Jane Hogarth spoke briefly on the important role played by the late Mrs. E. Cook, former superintendent of nurses at McKellar General Hospital, in the organization of the Thunder Bay Nurses' Association before it became District 10.

The guest speaker, Margaret E. Kerr, editor and business manager of *The Canadian Nurse,* was introduced by M. Flanagan, registrar, and under the topic, "Writing Articles for the *Journal,*" told of the preparation and compilation of material and illustrations for the magazine, describing the difference between such articles and those of fiction or invention. Mrs. Escott thanked Miss Kerr.

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EXAMINATIONS FOR REGISTRATION OF NURSES IN NOVA SCOTIA

To take place on **October 20, 21, and 22, 1954**, at **Halifax, Yarmouth, Amherst, Sydney**, and **New Glasgow.** Requests for application forms should be made at once and forms MUST BE returned to the Registrar by **September 20, 1954**, together with: (1) Diploma of School of Nursing; (2) Fee of Five Dollars ($5.00).

No undergraduate may write unless he or she has passed successfully all final School of Nursing examinations and is within six weeks of completion of the course of Nursing.

NANCY H. WATSON, R.N., Registrar
The Registered Nurses' Association of Nova Scotia
301 Barrington St., Halifax, N.S.

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DISTRICT 11

COLLINGWOOD

General and Marine Hospital

Dr. J. B. Neilson, M.B.E., of Hamilton was guest speaker at the recent graduation exercises when 13 members of the class received their diplomas. Prize winners were: B. Vancise, M. Bell, J. Hyde, J. McDermid, M. Wilson, R. Dodsworth, and M. McLean. Later about 500 friends and parents were entertained at tea by members of the hospital auxiliary.

QUEBEC

MONTREAL

Royal Victoria Hospital

The Halifax Chapter of the alumnae held their annual buffet supper in April when there were 42 members in attendance, representing 21 classes. Out-of-town members were M. Prescott, M. (White) Frazee, I. (Henderson) Fulton, P. (Murray) MacDonald, B. (Keith) MacKenzie, J. (Strumm) Freeman, A. (Kinley) Hebb, I. Lewis, and E. (Hamilton) Dawson.

The following are serving with the R.C.N., stationed in Halifax: M. Nesbitt, E. Hebb, M. Williams, M. Willett, A. MacBeath, formerly with TCA, has transferred to the Trans-Atlantic Service and is living in Montreal. M. Peever is nursing at Nelson House, Man. G. (Johnston) Simpson is on the staff of the pediatric clinic, Kaiser Foundation Hospital, Los Angeles.

Recent visitors to the hospital have been E. Hartig from India and R. Durham on her way to England. L. Hart was guest of honor at a party in Sackville to celebrate her 50th anniversary in nursing. J. Atkinson, returned from England, is in Truro, N.S.

SASKATCHEWAN

REGINA

General Hospital

R.G.H. graduates attending the C.N.A. biennial convention held a breakfast on June 11 at Banff Springs Hotel. They were welcomed by Mrs. C. (Todd) Van Dusen, also a graduate of the hospital. Those present included: O. Brown, B. Cole, M. Edwards, M. Garland, A. George, E. Linell, V. McLean, L. Pidde, A. Ross, I. Smith, V. Spencer, L. Turnbull, H. (Bradley) Laycroft, H. (Bright) Armstrong, M. (Doak) McPherson, M. (Fagerheim) Bachynski, B. (Foss) Craig, A. (Monahan) Schwartz, A. Swenson and M. Peterson, student nurses, also attended.

SASKATOON

City Hospital

The Vancouver branch of the alumnae association held a very successful dinner dance at the Canyon Garden on June 2, replacing the customary annual banquet.

St. Paul's Hospital

Srs. A. Ste. Croix and Chauvet, M. Mackenzie, nursing arts coordinator, and Misses Gladstone, Kammermayer, and Doshen, student nurses, attended the C.N.A. biennial convention in Banff. G. Brkich, science instructor, and N. Evans, M. Cheveldayoff, and J. Olson, clinical instructors, prior to leaving to be married, were bidden a musical "Godspeed" at a recent social evening. Sr. F. Dussault has arrived from Montreal to replace Miss Brkich. R. O'Byrne, assistant nursing arts instructor, and K. Lipka are taking a summer course at St. Louis University, Mo.

Positions Vacant

Advertising Rates — *$5.00 for 3 lines or less; $1.00 for each additional line.*
U.S.A. & Foreign — *$7.50 for 3 lines or less; $1.50 for each additional line.*

Matron immediately for 27-bed hospital. Graduate complement: matron & 4. 8-hr. day, 44-hr. wk. 28 days holiday after 1 yr. service. Customary sick leave. Knowledge of x-ray essential. Apply, giving full details & salary expected, Sec., Slocan Community Hospital, New Denver, B.C.

Supt. of Nurses & O.R. Supervisor for General Hospital, Dauphin, Man. 86-bed hospital with Nurses' Training School. Community of 6,500. Excellent living conditions. Supt. of Nurses must be good organizer & disciplinarian. Salary open for both positions. For further information apply A. J. Schmiedl, Sec.-Mgr.

Supt. of Nurses for modern 60-bed General Hospital. Apply, stating qualifications, Dr. M. R. Stalker, Honorary Medical Supt., Barrie Memorial Hospital, Ormstown, Que.

Asst. Supt. with X-Ray experience or willing to learn X-Ray technique preferred. Apply Dr. W. A. Oakes, Public Hospital, Clinton, Ont.

Director of Nursing Education; Nursing Arts Instructor; Operating Room Supervisor. Nursing School — 65 students — with 1 class per yr. Good personnel policies & facilities. Full maintenance in residence if desired. Apply B. A. Beattie, Director of Nursing, Public General Hospital, Chatham, Ontario.

Instructors for: Science Teaching followed by Clinical Ward Teaching; Clinical Ward Teaching & lectures in Medical Nursing. Commencing salary: $250 (additional for experience). Current R.N.A.B.C. contract in effect. 65 students; one class per yr. For information about position & community apply Director of Nurses, Royal Inland Hospital, Kamloops, B.C.

Science Instructor (1) & Nursing Arts Instructor (1) for Sept. School with approx. 90-100 students. Apply Director of Nurses, Victoria Public Hospital, Fredericton, N.B.

Nursing Arts Instructor for School of Nursing. 150 students—450-bed hospital. Apply Director of Nursing, General Hospital, Saint John, N.B.

Science Instructor for Sept. Complete maintenance in comfortable suite. 120-bed hospital — 35 students. New 150-bed hospital under construction. Apply, stating experience & salary expected, Director of Nurses, Jeffery Hale's Hospital, Quebec City, Quebec.

Nursing Arts Instructor for School of Nursing — approx. 60 students. New hospital in Central Western Ontario. 1 yr. university in teaching essential. Living accommodation in newly decorated residence. Good personnel policies. Apply Director of Nursing, General Hospital, Stratford, Ont.

Instructor in Nursing Arts. Clinical Instructor in Medicine. Clinical Instructor in Surgery. For School of Nursing by Aug. 1. 177-bed hospital; affiliation arranged in Tuberculosis & Psychiatric Nursing. Maximum of 60 students. One class per yr. Complete maintenance available. Excellent personnel policies. For further particulars apply Miss E. A. Bietsch, Director of Nursing, General Hospital, Medicine Hat, Alberta.

Nurse Technician Team (intravenous & intramuscular therapy). Apply Dr. H. Featherston, Asst. Supt., Civic Hospital, Ottawa, Ontario.

General Duty Nurses for Medical & Surgical Wards. Personnel policies based on R.N.A.O. recommendations. $50 towards transportation refunded after 1 yr. service. Apply Director of Nursing, General Hospital, Port Arthur, Ont.

VICTORIAN ORDER OF NURSES FOR CANADA

has Staff and Supervisory positions in various parts of Canada.

Personnel Practices Provide:

- Opportunity for promotion.
- Transportation while on duty.
- Vacation with pay.
- Retirement annuity benefits.

For further information write to:

Director in Chief,
Victorian Order of Nurses for Canada,
193 Sparks Street, Ottawa 4, Ont.

Public Health Nurse for generalized program in Alberta East Central Health Unit (Stettler office). Minimum salary: $2,520. Experience recognized up to 3 yrs. Annual increments. Pension plan; Blue Cross. For details apply Dr. D. MacKay, Medical Officer of Health, Stettler, Alta.

Senior Instructor to teach Nursing Arts & Surgical Nursing & aid with administration of school program. One class per yr. of approx. 20. Salary: $260-290; credit given for experience. 40-hr. wk. 1½ days per mo. sick leave cumulative. 11 statutory holidays. 1 mo. vacation. May live in or out of residence. Apply Director of Nurses, Royal Inland Hospital, Kamloops, B.C.

Public Health Nurse — Grade 1 — British Columbia Civil Service, Dept. of Health & Welfare. Starting salary: $255-260-266 per mo. depending on experience, rising to $298. Promotional opportunities available. Candidate must be eligible for registration in B.C. & have completed University degree or Certificate course in Public Health Nursing. (Successful candidates may be required to serve in any part of province.) Cars are provided. 5-day wk. in most districts. Uniform allowance. Candidates must be British subjects under 40, except in case of ex-service women who are given preference. Further information may be obtained from Director, Public Health Nursing, Dept. of Health & Welfare, Parliament Bldgs., Victoria, B.C. Application forms obtainable from all Govt. agencies, Civil Service Commission, Weiler Bldg., Victoria, or 411 Dunsmuir St., Vancouver 3, to be completed & returned to the Chairman, Victoria, B.C.

Public Health Nurses for Dept. of Health, City of Kingston. Salary range in effect. Transportation provided. 5-day wk. Pension & hospitalization plans available. Apply Medical Officer of Health, City Hall, Kingston, Ont.

Public Health Nurse for Health Unit for generalized program. Proximity to Toronto permits urban living conditions to be combined with rural-urban work. Excellent transportation arrangements, group insurance & other attractive working conditions. Apply Dr. R. M. King, York County Health Unit, Newmarket, Ont.

Clinical Supervisors & Instructors: Surgical (2) & Medical (2). Also **General Staff Nurses.** Personnel policies based on R.N.A.O. recommendations. For full details apply Director of Nursing, General Hospital, Port Arthur, Ont.

Asst. Supervisor for Obstetrical Dept. Obstetrical or university post-graduate course preferred, with adequate experience. Good salary & personnel policies. Apply Director of Nursing, Victoria Hospital, London, Ont.

Municipal Nurses for Province of Alberta. Rural service, emergency treatment, public health & maternity program. Salary: $2,520-3,300 depending on qualifications & experience plus modern furnished cottage. Excellent sick leave, vacation & pension benefits. Apply Director, Nursing Division, Dept. of Public Health, Administration Bldg., Edmonton, Alberta.

Registered Nurses for new 30-bed hospital. R.N.A.B.C. policies in effect. Apply Matron Creston Valley Hospital, Creston, B.C.

POSITIONS VACANT

School of Nursing, Metropolitan General Hospital

WINDSOR, ONTARIO

Positions open: **CLINICAL INSTRUCTOR IN SURGICAL NURSING**
HEALTH INSTRUCTOR

This is a new school taking in 32 students once yearly, with opportunity for the faculty to participate in the development of the curriculum upon sound educational lines.

For further information apply to:
Director, School of Nursing, 2240 Kildare Road, Windsor, Ontario.

General Supervisors, Charge Nurses & General Duty Nurses for new 150-bed hospital. Starting salary for General Duty Nurses — $220 for B.C. Registered, with annual increases up to $30. 40-hr. wk. 1½ days cumulative sick leave. 28 days vacation. 11 statutory holidays. Apply Supt. of Nurses, Trail-Tadanac Hospital, Trail, B.C.

Obstetrical Supervisor for 70-bed General Hospital. Salary: $200 per mo. & up, depending on qualifications. Good personnel policies. Apply Supt., Ross Memorial Hospital, Lindsay, Ontario.

Operating Room Nurse (experienced, preferably with post-graduate course). **Operating Room Staff Nurses.** Opportunity for advancement. Full maintenance. Travel allowance. State qualifications & date available. For full particulars write Matron, King Edward VII Memorial Hospital, Bermuda.

If you are coming to Britain to nurse, you will be welcome at 324-bed Sully Hospital, Sully, Glamorgan, South Wales. Modern hospital on the sea. Experience available in Medical & Surgical Nursing of all Chest Diseases in adults & children. Post-graduate course for British Tuberculosis Ass'n Certificate & instruction by medical staff & tutor. Comfortable, modern nurses' home with recreational facilities. For further information write H. M. Foreman, M.B.E., M.B., Physician Supt.

If you are coming to Britain to nurse, you will be welcome at 240-bed Glan Ely Hospital (Pulmonary & Non-Pulmonary), Fairwater, Cardiff, South Wales. **Female Staff Nurses (S.R.N.)** — excellent experience available in bone & joint surgery & thoracic surgery. British Tuberculosis Ass'n Certificate may be obtained after 12 mos. service. **Female Student Nurses** for B.T.A. Cert. **Pupil Asst. Nurses** for Training School inaugurated with two local hospitals. All posts resident or non-resident. For further particulars write Matron.

Registered Nurses (2) for General Duty. 40-bed Municipal Hospital. Starting salary: $180 per mo. plus full maintenance to maximum $220 according to nursing experience. $5.00 per wk. extra for night duty. 44-hr. wk. 3 wks. holiday with full pay after 1 yr. service. Statutory holidays. Modern nurses' home on grounds. Apply Sec., Municipal Hospital, Box 560, Taber, Alta.

Excellent opportunities in **Private Nursing** are available in Bermuda. Rates similar to those in effect in Province of Quebec. For information regarding openings write to Matron, King Edward VII Memorial Hospital, Bermuda.

General Duty Nurses for United Church of Canada hospital, 300 miles north of Vancouver on B.C. coast. Salary: $215 per mo. less $40 for board, room & laundry of uniforms. 2 annual increments of $5.00 per mo. Cumulative sick time — 1½ days per mo. 1 mo. annual holiday plus 10 days in lieu of statutory holidays. Transportation refunded after 1 yr. Apply Matron, R.W. Large Memorial Hospital, Campbell Island P.O., Bella Bella, B.C.

General Duty Graduate Nurses (2). Salary: $220 with annual increments of $5.00 per mo. Full maintenance in hospital — $40 per mo. 28 days holiday after 1 yr. service. Customary sick leave. Apply, with full particulars, Sec., Slocan Community Hospital, New Denver, B.C.

PROVINCIAL REGISTERED NURSES' ASSOCIATION

**Invites applications for a Provincial Office Assistant
to the Executive Secretary
Post-graduate education and experience essential,
preferably in administration.**

***Position now open** ***Scope for Development**

For further information write:

**Box "A", The Canadian Nurse, 1522 Sherbrooke St. W.,
Montreal 25, P.Q.**

Do You Want a Change? Do You Want to See the Pacific Coast? Do You Like Nursing? Langley Prairie has a busy 50-bed General Hospital & will have several vacancies on the permanent nursing staff. Salary: $235. 44-hr. wk. Other personnel practices according to R.N.A.B.C. recommendations. If interested apply Miss M. R. Ward, Langley Memorial Hospital, Langley Prairie, B.C.

General Duty Nurses for 920-bed General Hospital. Starting salary: $190-210 per mo. plus meals & laundry. Credit for past experience, annual increments. 44-hr. wk., rotating shifts. Statutory holidays, 21 days vacation, cumulative sick leave, hospitalization subsidized, pension plan. For further information apply Supt. of Nursing Service, University of Alberta Hospital, Edmonton, Alta.

Clinical Instructors for Obstetrical & Medical Depts. (qualified). Also **General Duty Nurses** for 500-bed hospital. Attractive personnel policies. Apply Director of Nurses, St. Joseph's Hospital, Victoria, B.C.

Graduate Nurses (3) at once owing to present nursing staff leaving to get married. 30-bed hospital on C.P.R. main line & Trans-Canada Highway, 2 hrs. from Calgary. Modern nurses' residence & garage. 8-hr. day, 6-day wk. with rotating shifts. Starting salary: $170. $5.00 increase at end of each 6 mos. 3 wks. holiday & statutory holidays. Sick leave with pay & free hospitalization. Apply Matron, Municipal Hospital, Bassano, Alberta.

General Duty Nurses for 110-bed hospital in scenic Fraser Valley, 65 miles east of Vancouver on Trans-Canada Highway. Salaries, holidays, etc., in accordance with R.N.A.B.C. personnel practices. Residence accommodation available. Apply Director of Nursing, General Hospital, Chilliwack, B.C.

Graduate Nurses for completely modern West Coast hospital. Salary: $230 per mo. less $40 for board, residence, laundry. $10 annual increments. Special bonus of $10 per mo. for night duty. 1 mo. vacation with full salary after 1 yr. service. 1½ days sick leave per mo. cumulative to 36 days. Transportation allowance not exceeding $60 refunded after 1st yr. Apply, stating experience, Miss E. L. Clement, Supt. of Nurses, General Hospital, Prince Rupert, B.C.

Graduate Nurses (3) for 24-bed hospital. Salary: $230 per mo. if B.C. registered; less $40 board, lodging, laundry. 1 mo. vacation after 1 yr. on full pay. 1½ days sick leave per mo. cumulative. Apply, stating experience, Matron, Terrace & District Hospital Terrace, British Columbia.

General Duty Nurses for 430-bed hospital. Salary: $230-260. Credit for past experience. Annual increments. 40-hr. wk. Statutory holidays; 28 days annual vacation. Cumulative sick leave. Apply Director of Nursing, Royal Columbian Hospital, New Westminster, British Columbia.

General Duty Nurses. Those registered start at $160 per mo. plus full maintenance. Annual increment — $5.00 per mo. for each of 3 yrs. 4 wks. vacation. (Graduate Nurses start at $150 plus full maintenance.) Apply Supt., Alexandra Marine & General Hospital, Goderich, Ont.

POSITIONS VACANT

OPERATING ROOM NURSES

VICTORIA HOSPITAL, LONDON, ONTARIO

New wing requires additional staff. Salary based on experience and/or post-graduate course. Minimum yearly salary: $2,424; maximum: $2,724. Five dollars per month deducted to cover one meal per shift.

Apply:

Director of Nursing, Victoria Hospital, London, Ontario.

General Duty, Operating Room & Obstetrical Nurses. Salary: $200 for recent graduates Laundry. 8-hr. day, 44-hr. wk. — straight shift. $20 differential evenings — $15 nights. Vacation, sick time, statutory holidays on salary. Semi-annual & annual increments. Financial recognition for yrs. of experience, post-graduate or university study. Apply Director of Nursing, General Hospital, Winnipeg, Man.

General Duty Nurses. Salary: $182.43 (one hundred eighty-two dollars & forty-three cents) monthly, paid on a bi-weekly basis; 26 pays in a yr. Salaries have scheduled rate of increase. 48-hr. wk. 8-hr. broken day; 3-11, 11-7, rotation. Cumulative sick leave. Pension Plan in force. Blue Cross. 3 wks. vacation after 1 yr. service. Apply Supt. of Nurses, Muskoka Hospital, Gravenhurst, Ont.

General Staff Nurses for 400-bed Medical & Surgical Sanatorium, fully approved. Student affiliation & post-graduate program. Full maintenance. Recreational facilities. Vacation with pay. Sick benefits after 1 yr. Blue Cross coverage. Attractive salary. For further particulars apply Supt. of Nurses, Nova Scotia Sanatorium, Kentville, N.S.

Graduate Nurses for General Duty. Living-in accommodation if desired. Apply Supt. of Nurses, Homewood Sanitarium, Guelph, Ont.

General Duty Nurses for Medical, Surgical, Pediatrics, Obstetrics. Good salary & personnel policies. Apply Director of Nursing, Victoria Hospital, London, Ont.

General Duty Nurses. Gross salary: $200 per mo. with 1 yr. or more of experience; $190 per mo. with less than 1 yr. experience; $20 per mo. bonus for evening or night duty. Annual increment, $10 per mo. 44-hr. wk. 8 statutory holidays. 21 days vacation & 14 days sick leave with pay after 1 yr. employment. Apply Director of Nursing, General Hospital, Oshawa, Ont.

Graduate Nurse (qualified) to conduct Certified Nursing Assistant Course & Staff Education in 100-bed hospital. Apply, stating qualifications & experience, Director of Nursing, Norfolk General Hospital, Simcoe, Ont.

General Duty Nurses for 175-bed Pediatric Hospital. A.N.P.Q. salary scales & personnel policies in force. Apply Director of Nursing, The Children's Memorial Hospital, Montreal 25, Quebec.

General Duty Staff Nurses for 515-bed General Hospital. 40-hr. wk. Beginning salary: $260 per mo. with advancement to $285; $20 additional for evenings & nights. Hospital & School of Nursing fully approved. Apply Director of Nursing, The Grace Hospital, 4160 John R. St., Detroit 1, Michigan.

Nurses (2) for 20-bed hospital. Modern nurses' residence. Salary: $190 per mo. plus full maintenance. Usual holidays with pay, sick leave, etc. Apply Matron, Union Hospital, Vanguard, Sask.

VANCOUVER GENERAL HOSPITAL

The Vancouver General Hospital requires:

General Staff Nurses. 40-hr. week. Salary of $231.00 as minimum and $268.50 as maximum, plus shift differential for evening and night duty.

New ***Paediatric Unit*** now open. Applications from qualified **Paediatric Nurses** welcome.

Residence accommodation is available.

Applications should be accompanied by letter of acceptance of registration in B.C. from *Registrar of Nurses, 1101 Vancouver Block, Vancouver 2, B.C.*

Apply to: **Personnel Dept., General Hospital, Vancouver 9, B.C.**

General Duty Nurses — "You will like it here." Placement in the service of your choice in Teaching Hospital. Beginning salary: $240 per mo. for 40-hr. wk. Scheduled increases, payment for overtime, 6-hr. evening duty. $270 per mo. for night duty. Sick leave, 6 holidays, 3 wks. vacation. Residence facilities if desired. Tuition-free courses after 6 mos. service. Opportunities for advancement. Apply Director of Nursing Service, University Hospitals of Cleveland, Cleveland 6, Ohio.

General Duty Nurses (2) — one each for July 1 & Aug. 1. Salary: $180 per mo. plus full maintenance. 3 increases of $5.00 per mo. for each yr. experience to a maximum of $195. 3 wks. holiday with pay plus all statutory holidays. Separate nurses' residence. Apply Matron, Municipal Hospital, Fairview, Alta.

General Duty Graduate Nurses for 60-bed Acute General Hospital, 150 miles northwest of Vancouver on B.C. coast. Salary: $222 per mo. with increments; less $25 complete maintenance. 4 wks. holiday per yr. with pay plus 10 statutory holidays. Transportation advanced if desired. Apply Matron, St. George's Hospital, Alert Bay, B.C.

General Duty Nurses for 404-bed hospital. Starting salary: $245 per mo.; $255 for afternoons & nights. Apply Nursing Service, St. Vincent's Hospital, 2475 N.W. Westover, Portland 10, Oregon.

General Duty Nurses for new hospital opening latter part of Aug. 65 miles from Montreal. Excellent bus & train service. Salary: $140 per mo.; full maintenance. 8-hr. duty — rotating shifts. 1½ days off per wk. 30 days annual holiday plus 7 statutory holidays. 12 days sick leave allowance. Blue Cross. Personnel policies on application. Apply Supt., Brome-Missisquoi-Perkins Hospital, Sweetsburg, Que.

General Duty Nurse for 17-bed hospital, about 100 miles from Calgary. Salary: $170 with full maintenance. Increase of $5.00 per mo. after each 6 mos. service up to 3 increases. Transportation refunded after 6 mos. service. Usual vacation & statutory holidays. Apply Municipal Hospital, Elnora, Alta.

General Duty Nurses for 40-bed hospital on all-weather highway to Vancouver. 42-hr. wk. 28 days annual holiday plus 10 statutory holidays. Rotating shifts, annual increases, cumulative sick leave. Self-contained residence. Monthly salary: $250; full maintenance, $45 per mo. Travelling expenses advanced if necessary. Apply Director of Nursing, General Hospital, Princeton, B.C.

General Duty Nurses for 108-bed modern hospital. Starting salary: $175 per mo. plus meals & laundry of uniforms. Additional for evening & night duty. Increase at 6 mos. & annually thereafter for further 2 yrs. 44-hr. wk. 8 statutory holidays. 21 days holidays after 1 yr. service. Travelling expenses from point of entry into Ontario refunded after 6 mos. service. Cumulative sick time. Medical & hospital plans available. Apply Supt. of Nurses, Kirkland & District Hospital, Kirkland Lake, Ont.

Supt. of Nurses for Sept. 1st for 31-bed hospital with O.R. and X-Ray experience if possible. Salary $275 per mo. plus full maintenance. Comfortable living accommodation. Apply: Little Long Lac Hospital, Geraldton, Ont. Board of Directors.

GENERAL STAFF NURSES

GENERAL WARDS **OPERATING ROOM** **OBSTETRICS**

for

200-bed hospital

Pleasant city of 33,000. Two colleges.

Good salary and personnel policy.

For further information apply to:

DIRECTOR OF NURSES, GENERAL HOSPITAL, GUELPH, ONTARIO.

Supervisors for small Medical & Surgical Wards (approx. 30 patients each). 266-bed hospital with school of 50 students in Southwestern Ontario. Minimum gross salary: $250 per mo. 9 statutory holidays; 31 days vacation. Apply, stating qualifications & experience, Mrs. D. M. Dick, Director of Nursing Service, General Hospital, Sarnia, Ont.

Operating Room Supervisor with post-graduate experience & certification. Also **Asst. Night Supervisor.** 450-bed hospital. For information regarding salary & policies, apply Director of Nursing, General Hospital, Saint John, N.B.

Registered Nurse to take charge of Fracture Room work. Some X-Ray experience required. Apply Supt., York County Hospital, Newmarket, Ont.

Public Health Nurses (qualified) for generalized Public Health Nursing Service, Dept. of Public Health, City of Toronto. Salary range: $3,078-3,496. Starting salary based on experience. Annual increments. 5-day wk. Vacation, sick pay & pension plan benefits. Apply Personnel Dept., Room 320, City Hall, Toronto, Ont.

General Duty Nurses for 650-bed Teaching Hospital in Central California. Salary: $273-320 per mo. 40-hr. wk. Liberal vacation, holiday & sick leave plan. Apply Personnel Office, 510 E. Market St., Stockton, California.

General Duty Nurses for 40-bed hospital. Salary for Registered Nurses: $180 per mo. plus room, board, laundry. 44-hr. wk. One mo. vacation with pay after 1 yr. 2 wks. sick leave per yr. Apply Supt. of Nurses, Lady Minto Hospital, Chapleau, Ont.

Operating Room Supervisor for new 111-bed modern hospital. Post-graduate training preferred. B.C. registration required. Good salary. 40-hr. wk. R.N.A.B.C. working agreement. Vacancy on O.R. staff immediately, then Supervisor for Sept. 15. **General Duty Nurses** required soon. Apply Supt. of Nurses, West Coast General Hospital, Port Alberni, B.C.

Public Health Nurse for York Township. Generalized program. Minimum salary: $2,800 with annual increment. Cumulative sick leave. Blue Cross. Pension Plan. 5-day wk. Apply Dr. W. E. Henry, Medical Officer of Health, 2700 Eglinton Ave. W., Toronto 9.

Industrial Nurse for Staff position in southwestern Ontario city for Sept. 1. Public Health training & General Nursing experience preferred. Excellent employee benefits available. Write, giving details of educational background & experience, Medical Dept., Imperial Oil Ltd., 56 Church St., Toronto 1, Ont.

General Duty Nurses (2) with missionary interests urgently needed for 25-bed United Church Hospital in beautiful valley on British Columbia coast. This is an excellent opportunity for any nurse wishing to serve the church on a Home Mission deal. The majority of work is with native Indians. Duties to commence Sept. 1 or as soon as possible thereafter. Those interested should write to Medical Supt., General Hospital, Bella Coola, B.C.

Registered Nurses & Maternity Nurses for small General Hospital. Salary: $150 & $95 respectively, with full maintenance. 44-hr. wk.; 8-hr. duty; rotating shifts. 3 increments of $5.00 per mo. at 6-mo. intervals. Blue Cross. 10 days sick leave per yr.; 6 statutory holidays; 28 days vacation. Apply Acting Supt., Barrie Memorial Hospital, Ormstown, Quebec.

CENTRAL SUPPLY ROOM SUPERVISOR
for
Victoria Hospital, London, Ontario

Applications requested for this position in 700-bed active hospital.

The Central Supply Room is to be transferred to new area with modern equipment, in the new wing, to be opened in September.

Good Salary and Personnel Policies.

Apply

Director of Nursing, Victoria Hospital, London, Ontario.

Asst. Instructor for Certified Nursing Assistants Course; **also Registered General Staff Nurses.** Apply, stating experience & salary expected, Director of Nurses, St. Vincent Hospital for Chronically Ill, 26 Cambridge St., Ottawa, Ont.

Clinical Supervisor, Ward Supervisors, Head Nurses & General Duty Nurses immediately. Salary commensurate with training & proven ability. Training School attached. Apply Supt. of Nurses, Soldiers' Memorial Hospital, Campbellton, N.B.

Clinical Instructor (Maternity). Modern 400-bed hospital. Student body of 100. Good personnel policies. Salary commensurate with position. Apply Director of Nursing, Kitchener-Waterloo Hospital, Kitchener, Ont.

Nurse for Delivery & Labor Rooms on 30-bed Obstetrical Unit. Previous experience considered. Good personnel policies. 44-hr. wk. For further information, apply Director of Nursing, General Hospital, Belleville, Ont.

Director of Nursing for 110-bed General Hospital situated in the Fraser Valley, 65 miles east of Vancouver. Please forward full details of education, post-graduate training, experience, availability & salary expected to Administrator, General Hospital, Chilliwack, B.C.

Public Health Nurse for Town of Deep River, Ont. Salary: $2,900-3,120 depending on qualifications. Pension, medical & vacation plans. Living accommodations in staff hotel. State all details including age, marital status, education & experience in first letter to "File 7D," Atomic Energy of Canada Ltd., Chalk River, Ont.

Graduate Nurses (3) at once, owing to present nursing staff leaving to get married. New Nurses' Residence with board and room provided at $45 per mo. 8-hr day, 6 days per wk. with one long week-end per mo. Rotating shifts; starting salary $210 with $10 increment every 6 mos. to maximum. 4 wks. holiday after 1 yr. service; 8 statutory holidays. P.H.C. provided by hospital and sick leave with pay. Apply: Matron, General Hospital, Atikokan, Ont.

Psychiatric Trained Registered Nurse for 46 bed psychiatric hospital. Apply: Harworth Hospital, 531 E. Grand Blvd., Detroit 7, Mich. References.

Public Health Nurse for Vancouver Branch of Victorian Order of Nurses. Salary: $3,120-3,600. Eligibility for registration in British Columbia necessary. Apply: District Director, Victorian Order of Nurses, 1645 W. 10th Ave., Vancouver 9, B.C.

Operating Room Nurses, one with post-graduate if possible, but not necessary. Extra pay for call and call time made up. Apply: Supt., Soldiers' Memorial Hospital, Campbellton, N.B.

Registered Nurses wanted at a friendly town in the Cariboo district. Starting salary $225 per mo., $235 after 6 mos., less $40 for board and residence; 40-hr. wk. 1 mo. vacation with full salary plus all statutory holidays. Transportation up to $60 refunded after 6 mos. service; sick leave benefits; 22-bed general community hospital. Apply, stating experience, to Director of Nursing, Quesnel General Hospital, Quesnel, B.C.

POSITIONS VACANT

HOSPITAL NURSES

GRADE 1 — $2,430 - $2,820   GRADE 2 — $2,730 - $3,120

Department of Veterans Affairs Hospitals

Camp Hill, Halifax
Ste. Anne's, Montreal
Sunnybrook, Toronto
Westminster, London
Deer Lodge, Winnipeg
Veterans Hospital, Saskatoon
Colonel Belcher, Calgary
Shaughnessy, Vancouver

Application forms, available at your nearest Civil Service Commission Office, National Employment Office or Post Office, should be filed with ***The Civil Service Commission, Ottawa.***

CIVIL SERVICE OF CANADA

Public Health Nurse for generalized program with Bruce County Health Unit. Minimum salary $2,550 with allowance for experience. Pension and Blue Cross Plans available. 4 wks. vacation, car provided if required. Apply: T. H. Alton, Sec.-Treas., Bruce County Health Unit, Walkerton, Ont.

Matron at once for 30 bed hospital. Salary $260 per mo. with full maintenance. Statutory and 3 wks. annual holidays with pay. Staff on 44-hr. wk. Full time X-Ray & Laboratory Technician, also Sec. Treasurer on staff. Separate Nurses' Home for living-in accommodation. Apply, giving full details and date available to the Secretary Treasurer, Municipal Hospital, Provost, Alta.

Obstetrical Supervisor for 90-bed general hospital; duties to include supervision of nursery, case-room and obstetrical wards. Experience and post-graduate study required. Apply: Director of Nursing, Prince George and District Hospital, Prince George, B.C.

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Driving to Vancouver B.C. via U.S.A., leaving about Sept. 20th. Would be glad to have 2 or 3 passengers willing to share gas and pay own expenses. Would like experienced drivers, but not necessary. Will not be returning. Apply Box "B," The Canadian Nurse, 1522 Sherbrooke St. W., Montreal 28, Que.

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